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Introduction There is a need of identifying predictors of suicide. With effective treatment interventions for those at highest risk, suicide can be prevented.

Aim To investigate variables possibly associated with suicide, by comparing patients in psychiatry deceased by suicide to matched controls. We compared the psychiatric ward consumption two years prior to suicide, previous medical and psychological treatments, somatic co-morbidity and the professions of health care staff in previous visits.

Method The 153 suicide cases, 101 (66%) men and 52 (34%) women, aged between 13 and 96 years, were identified from the National Cause of death registry. All cases had previous contact in psychiatry in Örebro County and died between January 1st 2007 through December 31st 2013. Each case had one gender-, age- and diagnosis matched patient control from psychiatry. Data on care usage were collected from medical records. Correlations were calculated between ward variables and the outcome variable suicide yes/no. Variables significantly correlated to suicide were used in an adjusted logistic regression model to analyse possible associations with suicide.

Results Among the cases deceased by suicide, we found significantly fewer psychiatric outpatient visits ($P < .01$), a smaller amount receiving systematic psychological treatment ($P < .01$), less pharmacological interventions ($P < .01$) and a smaller amount of treatment provided by a multi-professional team ($P < .01$). Less occurrence of psychological treatment (OR(adj): 0.459; 95% CI 0.224–0.874, $P < .05$) was significantly associated to suicide.

Conclusions Results indicate that not only repeated visits in psychiatric care, but the content of visits (i.e. psychological interventions) seems to make an important difference between life and death.

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e-Poster Walk: Training in psychiatry

EW0560

Quality improvement project: Mentoring, career advice and placement introduction session for year 5 imperial college medical students. Should induction go beyond facts and numbers?

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Introduction Feedback received from previous rotations of year 5 Imperial College medical students in West London Mental Health NHS Trust has consistently shown that medical students feel uncertain about what to expect in their psychiatric placements and are sceptical about psychiatry as a future career option. This prevents them from maximizing the educational benefit and potential in their training.

Aims and objectives Tutorial aims to prepare medical students for their psychiatric placements and create the opportunity for informal discussion about psychiatry as future career option. The session aspires to motivate students to be more involved and active partic-

ipants and invite them to think about their future career option at an early stage.

Methodology A 1-hour tutorial has been added to medical students' induction in two successive rotations (July–October 2016). Thirty-seven (37) medical students have attended the tutorial so far. Tutorial provides information about psychiatric placements, learning opportunities as well as structural and operational issues. Besides, it encourages discussions about psychiatry as a future career option, informing students about psychiatric sub-specialties, career pathways and NHS operational structure. Feedback questionnaire is handed over at the end.

Results Data were collected and analysed and findings are outlined in the diagram below (Fig. 1).

Conclusions and recommendation The majority of medical students have feedback they found tutorial relevant and useful. Current tutorial formula will be revised based on feedback collated so far.

Findings are going to be shared with local Undergraduate Educational Committee and Imperial College medical school board.

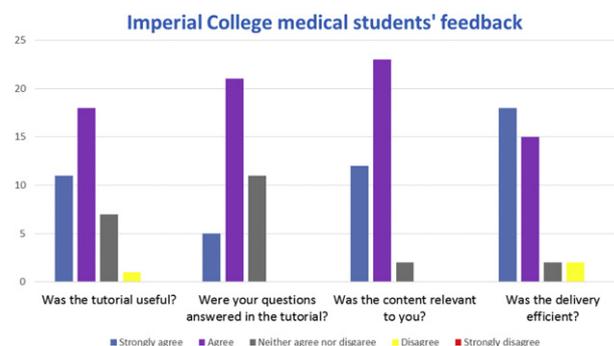


Fig. 1 Imperial College medical students' feedback.

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EW0561

Workplace assessment in crisis? – The way forward

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Introduction A recent Royal College of Physicians' (RCP) study on assessment raises serious questions for workplace assessment. To address these, a system that bridges the gap from competence to performance and integrates supervised learning events (SLEs) that are formative in purpose with summative assessment of performance by entrustable professional activities (EPAs) is recommended.

Aims and objectives As a working group on assessment in psychiatry, we were interested in the RCP findings which represent a significant milestone in studies of workplace assessment. The RCP aims were to evaluate the feasibility, validity and educational value of using existing WPBA tools but for different assessment purposes and processes.

Results These were based on the General Medical Council (GMC) working party on assessment. The RCP revised its assessment processes to differentiate between assessments of development and performance. The former are formative and aim to identify a trainee's areas of strength and development; the latter are summative and aim to determine fitness to progress. Of note is that the same workplace based assessment (WPBA) tool can be used for each type of assessment; the assessment's purpose is the discriminating factor.

Conclusions Initial design of the requisite EPAs requires value judgments by trainers and trainees alike on what represent core units of work. EPAs can contribute directly and more meaningfully to ARCP progression decisions.

Recommendations Inclusion of the required level of supervision as part of SLE feedback enables future decisions on meeting performance standards.

Trainee/trainer Interaction in this educational process.

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EW0562

Developing a specialised debrief model for simulation training in psychiatry

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Introduction High fidelity simulation training has a rich history in medical education. However, simulation as an education tool in psychiatry has been underused and neglected. More recently, clinical educators have begun to harness the potential of simulation in psychiatry, with increased usage at under- and postgraduate levels. An essential element of simulation training is the debrief that takes place with participants and observers following simulated scenarios. Current practices in simulation for psychiatry often rely on debrief models primarily designed for non-psychiatry training.

Aims and objectives This project aimed to develop a specialised debrief model for simulation training in psychiatry.

Methods The research team undertook a thorough literature search to identify existing approaches to simulation debriefing, and key theoretical constructs. Clinical educators from psychiatry and non-psychiatry disciplines were invited to attend focus groups to explore the use and key elements of structured and reflective debriefs in simulation. Focus groups were transcribed and analysed using thematic analyses.

Results Literature searching identified various debrief models that have been used in psychiatry and non-psychiatry disciplines. Pertinent educational theory was highlighted, such as experiential learning and adult learning. Focus groups highlighted adaptations required to tailor a debrief model to simulation in psychiatry, such as the containing of emotions and use of didactic sessions.

Conclusions Findings identified key differences between debriefing simulated scenarios in psychiatry compared to non-psychiatry. These findings have been used to develop a preliminary debrief model for simulation in psychiatry.

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EW0563

Psychiatry trainee burnout in the United Kingdom: The BoSS study

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Introduction Burnout syndrome is defined by three domains: emotional exhaustion, cynicism and reduced professional efficacy. Junior doctors have a high susceptibility to burnout reflected in the high prevalence identified in previous work. This is a significant issue as burnout has measurable effects on work performance. There has been limited research conducted on burnout in psychiatry trainees in the United Kingdom.

Aim This paper takes a step towards addressing this gap by extracting the data concerning UK psychiatric trainees collected in the international burnout syndrome study (BoSS), which aimed to assess the prevalence and contributing factors of burnout among psychiatric trainees from over 20 countries, and presenting the findings concerning UK trainees.

Method Data collected included demographic data and information related to working hours, bullying, harassment and stalking, supervision, suicidal ideation, depression (PHQ-9), and a personality trait assessment. Burnout syndrome was measured using the Maslach burnout inventory (MBI-GS). A total of 3964 psychiatry trainees in the UK were invited, of which 1187 (30%) responded including 811 (20%) providing complete responses for MBI-GS.

Results The mean age was 33 years, and 49.1% of respondents were male. Gender distribution of participants was the same as non-participants. Mean scores were 2.6 for exhaustion, 2.1 for cynicism and 4.5 for professional efficacy; and severe burnout was found in 309 (38%).

Conclusion Three factors were positively associated with severe burnout: long working hours, lack of clinical supervision and not having regular time to rest.

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EW0564

Working hours of United Kingdom psychiatric trainees: Findings from the BoSS study

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Introduction The international burnout syndrome study (BoSS) examined burnout in psychiatry trainees and associated factors. Long working hours were significantly associated with burnout.

Aims A high rate of severe burnout in UK psychiatric trainees (38%) was found in the BoSS study. This paper looks at the working hours of UK trainees.

Methods Data collected during the BoSS study included information related to working hours, looking in particular at the working time directive rules. A total of 3964 UK psychiatric trainees were invited to take part, of which 1187 (30%) responded, and 811 (20%) provided complete responses for working hours questions.

Results The mean age was 33 years, with 49.1% males and equal gender distribution of participants and non-participants. The mean hours of contracted work per week were 42.7 (42.2–43.2) for men, versus 41.1 (40.4–42.0) for women. Actual hours worked were significantly higher at 46.2 (45.0–47.4) for men and 46.0 (44.9–47.1) for women. Forty-six percent of trainees breached one or more working time directive (WTD) safety limits.

Conclusion Actual hours worked among psychiatric trainees in the United Kingdom are about 10% higher than contracted hours. Female trainees also work more uncontracted hours than male