

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

trainees. This is significant when considering the association between hours of work and burnout, and also adds to the perception that women have to work harder for the same recognition as men. Forty-six percent of trainees breached WTD limits.

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EW0565

Pressure from superiors and older age increase the risk of burnout syndrome among psychiatric trainees:

A nation-wide survey in Turkey

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Introduction Previous studies reported high burnout rates and indicated significant factors associated with burnout syndrome among psychiatric trainees, such as hard working conditions, lack of supervision and not opting for psychiatry as a first career choice.

Objectives A substantial amount of variance was reported in psychiatry training across countries. However, there is not sufficient national data regarding the rates and risk factors of burnout syndrome among psychiatric trainees in Turkey.

Aims To determine the burnout syndrome rates and the risk factors associated with burnout syndrome among psychiatric trainees.

Methods A questionnaire of occupational, educational and personal factors and Maslach burnout inventory (MBI) were answered by 180 of 450 psychiatric trainees in Turkey. The data was collected from 167 (56% females) trainees who completed the survey material. Converting the scores of three subscales by using MBI manual, a dichotomous variable (severe/non-severe burnout) was obtained for each participant and the data was analyzed using descriptive statistics and regression models.

Results Mean age was 28.85 ± 2.99 -year-old and mean duration of residency was 2.61 ± 1.31 years. Severe burnout was found in 38.3% of the trainees. Logistic regression confirmed that older age ($P=0.02$) and pressure from superiors ($P=0.04$) are predictive factors associated with severe burnout. The high number of patient visits ($P=0.001$), violation of employee personal rights ($P=0.04$) and pressure from superiors ($P=0.01$) were significantly associated with the "wish working in another institution".

Conclusions Pressure from superiors and older age can be described as risk factors associated with burnout syndrome among psychiatric trainees in Turkey.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0566

The psychiatric morbidity and mortality teaching conference to improve patient safety: Lessons learned at the Massachusetts general hospital

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Introduction A morbidity and mortality (M&M) conference is a time-honored educational format in surgery and medicine to review bad patient outcomes and learn from mistakes made. However, despite the value of learning together as peers from difficult cases with unexpected outcomes, most psychiatric departments in the United States do not have an M&M conference. Several years ago, the department of psychiatry at Massachusetts's general hospital in Boston began a monthly M&M conference.

Objectives Describe our department's experience with the M&M format as an educational vehicle to teach patient safety and improve care in an increasingly complex care environment.

Aims Introduce the M&M format that we have developed at our department and obstacles encountered.

Methods We reviewed the content of our four years of M&M conferences; the feedback received from participants after each conference; and changes introduced to improve the conference.

Results Our department has successfully implemented and sustained a monthly psychiatric M&M conference that is well attended and valued. A critical decision was mandatory involvement of residents to prepare cases in conjunction with a dedicated faculty member. A structured presentation using a root cause analysis framework to guide the discussion in order to harness the wisdom of the group allows for a more comprehensive understanding of factors leading to bad outcomes, including systems-based problems.

Conclusions A psychiatric M&M conference can teach individual clinicians about patient safety. Developing a departmental mechanism to apply lessons learned in the conference to improve hospital systems is the next task.

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EW0567

How satisfied are patients with interprofessional teams?

Meta-analysis of a pilot study

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Introduction A doctor–patient encounter is a dyadic interaction between two people, one needing help and the other providing it. However, the encounter between an interprofessional team and a patient is changing this picture.

Objectives To measure how patient satisfaction changes when patients are treated by an interprofessional team.

Aims Ecological momentary assessment (EMA) directly evaluates patient satisfaction when patients interact with interprofessional teams. This research is a before-and-after study of undergraduate health care students undergoing interprofessional education. Answers to questions on a 5-point Likert scale (from "Totally satisfied" to "Totally unsatisfied") were uploaded online on a survey platform linked to a dedicated app.

Methods Twenty-nine undergraduate students before, and eight after, interprofessional training reported their evaluation of patient satisfaction with interprofessional teams. Meta-analysis used Tau², Cochrane's Q and I².

Results Meta-analysis showed a homogeneity in the answers before and after IPE training ($P=0.4$) and variability of only $I^2=39\%$, with $t^2=.006$, and $Q(4\text{ df})=4.0$. To a certain degree, the study showed a drop before and after in students who report their patients being "moderately satisfied" (from 20.7% to 0%), with C.I. 95% = 4.702 (0.238–92.713) (Fig. 1).