

receive from mental health organisations. It should support the work of PA supervisors and peer coordinators, and those delivering education and training to them. The curriculum will be a dynamic document and work will be needed to adapt it as the role changes, for example with incoming regulation and potential prescribing rights that follow.

Modifiable Factors Influencing Emotional Intelligence Among Medical Interns

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Aims. Emotional intelligence is crucial for medical professionals. Medical interns are expected to have a high degree of emotional intelligence to face their professional career challenges. Emotional intelligence, often measured as an emotional quotient (EQ), is the capacity to recognize and regulate emotion in oneself. It enables one to monitor own feelings and emotions and others; and guide decisions and actions, and is crucial to ensure a successful work-related outcome or good performance. A higher EQ enhances physician and patient well-being, increases patient safety and augments healthcare teamwork. However, studies about EQ among medical interns are lacking. Therefore, this study intended to determine the level of EQ among medical interns in Malaysia and its associated factors.

Methods. This nationwide cross-sectional study recruited new medical interns reporting to 17 randomly selected Malaysian hospitals accredited for medical intern training from January to April 2020. They were invited to answer an online questionnaire incorporating USMEQ-i to measure EQ, Connor-Davidson Resilience Scale-10 items (CD-RISC-10) for resilience, Brief-Cope to assess coping styles, PHPQ to assess internship preparedness, DUREL for religiosity, and questions related to sociodemographic and undergraduate training.

Results. A total of 524 from 619 medical interns responded. Mean (SD) EQ score was 3.08(0.58). Significant factors positively associated with EQ include resilience score (adjusted $b = 0.65$, 95% CI 0.58, 0.72, $p < 0.001$), preparedness for internship (adjusted $b = 0.11$, 95% CI 0.09, 0.13, $p < 0.001$), approach-style coping (adjusted $b = 0.17$, 95% CI 0.11, 0.24, $p < 0.001$), and religiosity (adjusted $b = 0.09$, 95% CI 0.01, 0.17, $p < 0.001$). In contrast, avoidant-style coping (adjusted $b = -0.19$, 95% CI -0.28 , 0.11, $p < 0.001$) is negatively associated with EQ. Adjusted R^2 of 67.6% substantiated the goodness of fit of the regression model.

Conclusion. This study showed that there are a few modifiable factors that significantly influence EQ among medical interns; namely resilience, coping style, preparedness for internship, and religiosity. There is a positive association between EQ and approach coping style, and a negative relationship with avoidant coping. Approach coping encapsulates constructive responses to stress such as positive reframing, acceptance, seeking helpful information, and reaching for emotional support, while avoidant coping includes self-distraction, denial, venting, substance abuse, behavioural disengagement, and self-blame. These significant factors in this study such as coping and resilience can be learned and taught as a skill. These findings will aid medical schools to design programmes and improve the medical education to increase EQ among medical students who will become better medical interns and doctors in the future.

A Peer Supervision Pilot Scheme

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Aims. Following mixed feedback from Foundation (FY) trainees during their Psychiatry placements, Cheshire and Wirral Partnership NHS Trust introduced a pilot scheme whereby FY and General Practice (GP) trainees were paired with a current Psychiatry Core Trainee (CT). This was in addition to regular Clinical Supervisor meetings with weekly self-directed sessions encouraged. Suggestions included covering portfolio requirements or facilitating joint learning. The study aimed to improve FY/GP experience through increased learning and relationship-building opportunities. It equally offered leadership experience for CTs and development of supervision skills. Feedback gathered from the initial pilot would highlight difficulties and guide future peer supervision schemes.

Methods. All FY/GP trainees allocated to the Trust from April–August 2021 were included. CTs were included by default but given the option to opt-out (opt-out policy). Pairings were made based on locality where possible (group sizes ranging from 2 to 3) and an initial supervisor training session was provided by the Director of Medical Education. Online feedback surveys were sent to all participants at baseline and after the pilot.

Results. 44 doctors were included in the pilot scheme, of which 26 completed the pre-pilot survey and 16 completed the post-pilot survey. Expected personal benefit prior to the scheme averaged 7.1/10, where 10 was deemed “extremely helpful” and 1 “not at all”. Following the scheme, experienced personal benefit was valued at 4.7/10. Reported benefits of the scheme were friendship, support and learning, although around a third described no benefit whatsoever. The most common problem encountered was that of being unable to meet and was seen in almost half of cases, with detailed feedback citing rota clashes or working on separate sites. Other problems included poor engagement and feeling the pairing was a poor match. Written feedback stated that the scheme was a good idea and well-supported, however there were challenges with its execution.

Conclusion. Response rates were low throughout but particularly in the post-pilot survey, limiting interpretation. Overall, final scores did not appear to reflect initial optimism. The next cycle will include only CTs who have requested to be involved (opt-in policy), to establish whether this improves engagement. It will additionally incorporate a mid-point review to highlight and address issues at an earlier stage. The scheme is due to be repeated in 2022 and re-evaluated.

An Evaluation of the Impact of Psychiatry-Based High-Fidelity Simulation Training for Undergraduate Medical Students in the West Midlands

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Aims. Simulation (sim) is an excellent but underused tool suited to key skills in psychiatry such as communication, managing

agitated patients and exploring the mental-physical health interface. Access to complex psychiatric patients has always been challenging and this has been exacerbated by the current COVID-19 pandemic. This has further increased fear amongst students creating another barrier to engaging with psychiatric patients. Our aim of the study was to evaluate the use of simulation within psychiatry as the literature in this field is underrepresented compared to other medical specialities. We hope to advocate its use in future undergraduate training.

Methods. We developed 3 simulated scenarios for fourth year medical students; these involved identifying lithium toxicity and steroid-induced psychosis in ward settings and conducting an A&E risk assessment. The scenarios were developed following feedback from a focus group of foundation doctors on their psychiatry rotations. Data were collected pre- and post-simulation from a cohort of psychiatry students in this academic year. We assessed confidence levels in 7 domains using a 10-point Likert scale and obtained qualitative data to give context to the data collected.

Results. 81 and 83 students respectively completed the pre and post questionnaires. Quantitative data found that the student's confidence in all domains improved from pre to post simulation training. For example, confidence in performing a risk assessment improved from $M = 4.12$ to $M = 7.04$ and in making a basic management plan from $M = 3.43$ to $M = 6.72$. Qualitative data looked at skills gained, empathy and how the scenarios related to clinical practice. Key themes found improvements in de-escalation skills, handing over and self-reflection.

Conclusion. The study supports the evidence that high-fidelity simulation is an important education tool in psychiatry. As facilitators, we feel that confidence scores improved due to the debrief. The standard tool often used is the diamond debrief however we found we had to adapt this model due to fourth year students not having developed sufficient skills to reflect on complex psychiatric scenarios. Therefore, an adjusted debrief was developed featuring technical knowledge and constructive feedback. In the future, we hope to explore the long-term benefits of simulation and its impact on clinical practice.

“Decolonising” the University of Edinburgh Medical School Psychiatry Curriculum

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Aims. The concept of “decolonisation” has gradually evolved within higher education, and can be defined as seeking to discern how historical systems of discrimination have shaped the networks around us, and how to adjust to the perspectives of those who have been oppressed and minoritised by these systems. Our aim was to assess what gaps there are in the Edinburgh Medical School psychiatry curriculum, in order that this might inform our next steps in “decolonising” the curriculum.

Methods. We reviewed all the teaching materials used for teaching Year 5 Psychiatry at the University of Edinburgh ($n = 101$). We made a count of the number of people or cases in each resource and the diversity of examples used. We subsequently examined each resource to see if it touched on each of six key

areas considered to be representative of a “decolonising” effort. These were the assignment of gender only where necessary, cultural/religious differences, historical context, health inequalities, the patient-doctor relationship and global topics.

Results. Of the resources where each of the criteria were applicable, 18% only assigned gender where necessary or left gender neutral, 4.35% addressed cultural or religious differences, 5.8% discussed the historical context, 4.35% tackled health inequalities, 1.45% raised the doctor-patient relationship and none introduced global topics. Of all the resources that include a direct reference to a patient or case, only 5.41% were explicitly from a different ethnic group other than “white”.

Conclusion. Our results show that all the key areas can be improved on. Addressing these issues has not been a focus for the curriculum before now and our next steps will be to approach each topic in turn and consider how the key areas can be introduced. We are assembling a focus group of psychiatrists and medical students and have designed a survey for students who have completed their psychiatry block.

With time, we hope to cultivate an attitude amongst students and teachers of psychiatry at Edinburgh University that boldly confronts the historical development of our subject, acknowledges those who have suffered for it, picks up on what may be missing or misrepresented, and encourages critical analysis of research. Our teaching materials should include examples which explore stereotypes and challenge prejudices. By broadening our repertoire, confronting the darker parts of our history, listening to those with quieter voices, and paying attention to lived experience, we can foster a culture of teaching and learning which is open, flexible and humble.

Using Social Media to Improve Mental and Physical Health Literacy: The Meeting of Arts and Sciences

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Aims. Generation Z and millennials are tech-savvy and they learn more from videos compared to books. On average young people from the digital age spend more than five hours on digital gadgets. Innovative use of social media technology will improve the access to health information amongst this group of users. This article aims to share the project of using short video clips in social media, combined with poetry to improve mental and physical health literacy.

Methods. Short video clips (ranging from one to three minutes) were produced out of passion by the first author using the elements of poetry, rhyming, humour, artistic expressions, simulated play of clinical scenarios and news reporting style which depends on the creativity and suitability of the content. The production process includes initial conceptualisation, script drafting and editing, video-recording using a smartphone, and subsequent editing using phone and Canva software. Subtitles and captions were added to increase accessibility. The videos were uploaded in Instagram, Twitter, and TikTok under the name of “dr_lokai”. There is no external funding involved. The cost involved included subscription of editing software and the purchase of recording equipment.

Results. The project was first conceptualised in 2014. Total videos produced so far is 70. The topics of mental health included both normal psychological topics (mental health, self-reflective practice, self-motivation, self-compassions, and self-actualisation)