

Conclusion. This literature review showed that some medical undergraduates receive psychiatric communication skills teaching, but the format and content of this varies. Increased consideration of incorporating TEL into psychiatric communications skills teaching is pertinent given undergraduates' reduced face-to-face patient contact during the COVID-19 pandemic, but further work is needed to validate such technology. Written communication skills are rarely taught but are imperative given the high volume of written correspondence in clinical practice. Delivering such teaching is feasible and should be incorporated into undergraduate curricula. Medical educators need to consider cultural differences when developing psychiatric communication skills teaching. Cultural influences not only affect undergraduate perceptions of psychiatry and mental illness, but also a patient's understanding and interpretation of their illness experience. Medical undergraduates may come from various cultural backgrounds, so actively discussing these differences opportunistically may augment the ability of medical undergraduates to be empathetic and establish therapeutic rapport with patients with mental illness.

A study examining whether social cognitive abilities impact on recovery from PTSD

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Aims. Deficits in social cognition (the ability to recognise and understand emotions, intentions and actions in oneself and in others) have been found in people with post-traumatic stress disorder (PTSD). Few studies so far have examined whether social cognitive ability impacts on PTSD recovery. Here we present a protocol and preliminary data for a study that aims to evaluate whether pre-treatment social cognitive deficits are associated with treatment outcomes following trauma-focused therapy for PTSD.

Method. The protocol was developed after discussion with Patient and Public Involvement (PPI) groups, and a battery of social cognitive tasks was trialled on 20 participants without PTSD. The final protocol was then developed using information and feedback from these preliminary studies. We aim to recruit 60 individuals who are about to start a trauma-focused therapy for PTSD within the two tertiary PTSD services. Social cognition (measured using a variety of tasks including Reading the Mind in the Eyes Task and the Reflective Functioning Questionnaire) and potential confounders (including severity of trauma history, attachment and verbal IQ) are assessed at baseline, prior to the start of therapy. PTSD symptom severity (measured using the PCL-5) and daily functioning (measured using the WSAS) are assessed pre and post-treatment. The primary aim of the study is to examine whether baseline social cognition is associated with the degree of improvement in the PCL-5.

Result. So far 29 participants have been recruited and consented. 6 participants have completed follow-up assessments. The study has been adapted for the COVID-19 pandemic so participants can complete the tasks remotely. Preliminary results show a moderate negative correlation between baseline social cognitive abilities and baseline PTSD symptom severity (Spearman's correlation -0.30) and functional abilities (Spearman's correlation -0.42).

Conclusion. Development of our study in collaboration with PPI and preliminary testing of measures suggests it is likely that it will be feasible for us to conduct this study in this patient group. Baseline preliminary results show/suggest a moderate correlation between PTSD symptom severity and social cognitive impairment. Our main analyses, when completed, will help to determine whether social cognitive ability is associated with recovery from PTSD.

Exploring evidence of fatigue in survivors of paediatric brain tumours: a systematic review

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Aims. As the number of survivors of childhood brain tumor grows, fatigue is being increasingly recorded as a long-term consequence of both the cancer itself and the treatment received. Survivors of childhood brain tumour report more significant fatigue than children with other cancers, often impacting all aspects of life, including academic attainment, self-concept and social relationships with peers, leading to reduced health-related quality of life.

This study aimed to systematically evaluate the evidence for fatigue in paediatric brain tumour survivors.

Method. A systematic search using EMBASE, MEDLINE and PsycINFO identified 20 papers meeting the inclusion criteria. Scientific rigor was used throughout by following Scottish Intercollegiate Guidelines Network (2015) guidance for systematic reviews. Quality Assessment of Evidence Rating tool - Fatigue (QAERT) was developed with substantial inter-rater agreement found.

Result. 19 of the 20 studies reviewed showed conclusive evidence of fatigue in survivors of paediatric brain tumour. One study offered adequate evidence that there was no difference in levels of fatigue in paediatric cancer survivors, including survivors of paediatric brain tumour, when compared to healthy controls. Three studies found that fatigue was worse in survivors of paediatric brain tumour when compared to survivors of other paediatric cancers

Conclusion. This review provides evidence for the presence of fatigue in survivors of paediatric brain tumour. However, the construct of fatigue was poorly defined throughout, with fatigue associated with physical effects of treatment and fatigue associated with long-term cognitive impairment not distinguished. This poor construct validity, coupled with a lack of comparison groups in 12 of the 20 studies, reduces the generalizability of the data and its usefulness for developing effective psychological interventions. Further research is needed, built on a clear fatigue construct definition, and including well defined exclusion criteria, to provide a sound basis for improving the quality of life of these children.

Pre-discharge factors associated with early readmission to psychiatric inpatient services within 90 days

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