

EV1493

Learning by doing, learning by seeing: Does observation of clinical simulation still count?

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Introduction Role-playing scenarios are widely used in psychiatry education, both as a means of assessment and for teaching various clinical skills. But can you get as much from them by learning vicariously as an observer? Fourth-year medical students from Queen Mary University of London were invited to a psychiatry practice OSCE (objective structured clinical examination), shortly before end of year exams. We created 96 places, approximately 40% of the year, but to maximize numbers students also rotated through the six-station OSCE circuit in pairs. For each scenario students alternated either undertaking the OSCE task or observing.

Objectives and methods We sought to identify if there was a significant difference in student experience depending on whether they were the 'candidate' or 'observer'. Students were asked to rate their learning experience in each station on a five-point Likert scale and this was analyzed using an ordinal logistic regression model.

Results While students rated their experiences as 'observers' marginally lower than that of 'candidates', we found no statistically significant difference (OR=0.629, $P=0.093$). Practice OSCEs took place over six half-days with different facilitators and role-players, but we identified no interaction from these factors. For one station on depression, we found a statistically significant interaction in which 'candidates' rather than 'observers' rated better experiences ($P=0.032$).

Conclusions Observation by learners is frequently used within simulated clinical scenarios and may have a number of potential advantages. However, while unable to examine the direct impact on knowledge or skills, we found no significant difference in student-reported experiences between 'candidate' and 'observer' positions.

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EV1494

Breaking down the barriers to mental health crisis care: Evaluation of a training package for emergency department clinicians

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Introduction About one in 20 attendances at emergency departments (EDs) in the UK relate to mental health, yet recent work has shown that a majority of people presenting with mental health crises do not report positive experiences (Care Quality Commission, 2015). Although there are many reasons for this, one may be a lack of mental health training for staff working in EDs. In response to this, a new training module for multi-professional ED staff was developed.

Objectives and methods We aimed to assess the impact of this new module on clinicians' confidence in managing mental health presentations. Thirty-eight ED doctors and nurses across two centers were asked to complete surveys before and after receiving training.

Results Following training, we found improvements in confidence in each of five domains explored: assessing self-harm; managing someone with personality difficulties; assessing psychotic symptoms; distinguishing between physical and psychotic

symptoms; and, managing psychotic symptoms. These improvements were seen for clinicians across both centers.

Conclusions The results show that training can help to improve confidence around mental health. This is particularly important given that before the training was developed a survey of local ED doctors had shown that 31% felt under-confident in managing mental health conditions. Since developing the training, it has been further enhanced at the request of local EDs to include video-based scenarios. We continue to assess its impact in improving the confidence of ED clinicians (as well as their knowledge, skills and attitudes towards mental health), and ultimately the benefit to patients experiencing mental health crises.

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EV1495

Designing an instrument to assess the competence of cognitive analytic therapists in training

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Introduction Since its origins, cognitive analytic therapy (CAT) has become a focused and more effective alternative that can be approached from the first line of action by mental health teams. However, since CAT incorporates in its intervention aspects of other currents, it is possible that its limits and specificity may have blurred. Furthermore, therapists in training use to report difficulties related to this. For that reason, assessing the competence of CAT therapists in training becomes so important, as it promote the reflection of the therapist in its training and provides professionals necessary skills to ensure a better quality care for their patients.

Aim and objectives The aim of this study was to design an instrument to identify the main training problems in CAT therapists which allows therapist's competence evaluation.

Methods For this purpose, a specific tool to detect the main problems in the implementation of the psychotherapy by self-report was administered and evaluated by two therapists in training during its clinical practice.

Results The main implementation problems detected had to do with collusions and the temporary adjustment of the sessions. The therapists reported a high satisfaction with the instrument, which was valued as useful to be aware of the problems in CAT training and with clearly explained contents.

Conclusions The tool has been shown to be useful to assess therapist's competence and to take awareness of collusions allowing the therapist to avoid them.

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EV1496

Developing a guide to choose psychiatry in Spain

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Introduction Choosing a medical specialty is not easy. In Spain, when medical students finish the university degree, they have to take an exam called popularly MIR if they want to start a spe-

cialty. If the exam is passed, that person receives a number result of his academic record during university and test result. The number indicates the order of election, so number 1 chooses specialty and hospital first and so on. The Spanish healthcare system offers between 220 and 250 places to start the Specialty of Psychiatry in 121 hospitals across Spain.

Methods We designed a semi-structured questionnaire with 30 questions specific for the purpose of this work. The questionnaire was spread by social networks and email to reach as many medical doctors undertaking postgraduate training in psychiatry as we could.

Results One hundred and thirty people responded to the questionnaire. Fifteen were not psychiatry trainees. We obtained information from 80 hospitals (66%). Thirty-three hospitals (41%) have specific training in psychotherapy. Sixty-nine (86%) apply electroconvulsive therapy regularly. Teaching during training is given together with psychologists and nurses in 36 hospitals (45%), with psychologists in 32 (40%), only psychiatry trainees in 12 (15%). Psychiatry trainees do general emergency guards in 62 hospitals (77%).

Conclusion At the moment of writing this, the guide has been consulted by 14,600 people and visited over 40,000 times. This guide may help medical students to discover Psychiatry Training and to choose the best hospital that fits their interests.

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EV1497

EMDR training's for Bosnia and Herzegovina mental health workers resulted with seven European accredited EMDR psychotherapists and one European accredited EMDR consultant

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Introduction Bosnia-Herzegovina (BH) citizens, affected by 1992–1995 war, developed serious mental health posttraumatic consequences. Their needs for EMDR (eye movement desensitisation and reprocessing) treatment increased. The Humanitarian Assistance Programmes UK & Ireland (HAP) work in partnership with mental health professionals in Bosnia-Herzegovina (BH) from 2010.

Objectives We aim to build a body of qualified and experienced professionals who can establish and sustain their own EMDR training.

Method Authors described educational process considering the history of idea and its realization through training levels and process of supervision which was provided from the Humanitarian Assistance Program (HAP) of UK & Ireland with non profit, humanitarian approach in sharing skills of EMDR to mental health therapists in BH.

Results The trainers from HAP UK & Ireland completed five EMDR trainings in BH (two in Tuzla and three in Sarajevo) for 100 recruited trainees from different BH health institutions from different cities and entities in BH. To be accredited EMDR therapists all trainees are obliged to practice EMDR therapy with clients under the supervision process of HAP UK&Ireland supervisors. Supervision is organized via Skype Internet technology. Up today seven trainees completed their supervision successfully and became European Accredited EMDR Psychotherapists, one of them became European Accredited EMDR Consultant.

Conclusion Five training of Bosnia-Herzegovina mental health workers to effectively use EMDR with enthusiastic help of EMDR trainers from HAP UK&Ireland resulted with seven European accredited EMDR psychotherapists, and one of them became European accredited EMDR consultant. This will increase psychotherapy capacities in postwar BH.

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EV1498

Surviving psychiatry on-calls

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Introduction Out of hours, there is only one on-site junior doctor. First year psychiatry trainees (CT1s) and GP trainees may have no prior experience in psychiatry. On-call shifts are therefore potentially daunting for new trainees.

Objectives Expand the resources available for trainees when on-call.

Methods We issued questionnaires to CT1s asking if they would have appreciated more information about on-call scenarios and in what format.

Based on the questionnaire results we implemented some changes. These were:

– a printed “pocket-guide” summarising common on-call scenarios;

– a training video on common on-call scenarios.

The handout was given to new trainees in February 2016 and in August 2016. The video was shown to new trainees in August 2016. Trainees provided feedback on the resources.

Results Of 24 CT1s, 15 (63%) were “neutral” or “disagreed” that they had felt prepared for on-calls.

CT1s wanted additional resources, especially a paper handout or phone download.

Feedback on the “pocket-guide” from trainees in February 2016 ($n=8$) was positive (62.5% reported increased confidence in on-call situations). Feedback is also being collected from trainees who received the guide in August 2016.

Trainees in August 2016 ($n=36$) liked the video – no trainees “disagreed” with statements asking if the video had been useful.

The video improved the confidence of trainees about on-call situations by an average of 2.8 points.

Conclusions We have expanded available resources relating to on-calls and improved confidence. Further improvements would include making resources more easily available in downloadable formats.

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