

Introduction: UK Psychiatry Trainees are allocated one day per week in their final three years of training to use for “a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee”. It is unclear how trainees in the East of England are using this time and what could help them optimise use of this time. We completed a survey to evaluate these areas.

Objectives: To determine details of how Special interest sessions (SIS) are spent by trainees: How much support/ planning for SIS is available and if this is adequate. Whether trainees feel they are able to use their SIS for its intended purpose of providing “a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee” Exploration of barriers/tensions to maximizing use of SIS. SIS Record keeping What advice would trainees give re: special interest sessions to a new SPR? What lessons can be drawn to assist trainees from other countries/ training programmes to maximise their own development.

Methods: Survey sent to all Higher trainees in the East of England via Regional Training Programme.

Results: Awaited. Survey sent 29/09/2020

Conclusions: Results pending. We will feedback in detail on outcomes from the survey and subsequent discussion with Regional training programme members.

Keywords: special interest sessions; career pathway; training

EPP1438

To assess the confidence levels of psychiatrists in physical healthcare competencies in one irish region, and to explore whether confidence was related to learning opportunities.

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Introduction: The bi-directional relationship between mental and physical illness is well established. Therefore, in order to lower the already high mortality rates associated with psychiatric disorders, physical health issues must be closely monitored in this population [1,2]. A recent Lancet commission highlights emerging strategies and recommendations for improvement of physical health outcomes in patients with chronic mental disorders. These strategies involve better integration of physical and mental health care, combined with broader implementation of lifestyle interventions to reduce elevated cardiometabolic risk and attenuate medication side-effects [3].

Objectives: To assess psychiatrists' confidence levels in physical healthcare competencies; to explore whether confidence was related to learning opportunities.

Methods: Physical healthcare learning objectives were extracted from the Irish College of Psychiatrists' training curriculum. An electronic questionnaire was sent to 50 psychiatrists in one Irish healthcare region with a catchment area of c. 450,000. Participants had to rate confidence levels for each competency on a five-point Likert scale and the availability of learning opportunities for attaining each competency.

Results: 66% response rate was achieved. A majority reported confidence in cardiovascular examination, interpreting blood results and evaluating comorbidities. A minority reported confidence in interpreting imaging, electrocardiograms and recognising medical emergencies. This corresponds to a relative paucity of learning opportunities.

Conclusions: Clinical implication Programmes for trainee doctors and CME opportunities for consultant psychiatrists would benefit from an emphasis on physical health examination and modules on interpreting investigations and the recognition of medical emergencies.

Keywords: Education and Training; Co-morbidities; Physical health; Outcome studies

EPP1439

Knowledge translation research: Teaching psychopharmacology using research domain criteria

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Introduction: Research Domain Criteria are coming to be required for applications for mental health research funding in the United States.

Objectives: To translate contemporary neuroscience research into teaching medical residents how to prescribe psychiatric medications.

Methods: We explore the neuroscience literature regarding neural circuitry and psychiatric symptoms and examine the neurotransmitters associated with those circuits. We associate psychiatric symptoms with the neural circuitry that produces those symptoms. We correlate medications with circuits which they might affect and symptoms they might ameliorate.

Results: RDC is an alternative to DSM and ICD-10. Contemporary scientific diagnoses are not based on neuroscience. They are overlapping, contradictory, often vague, and hinder adequate research. Diagnoses are needed that are based on brain circuitry and function rather than “expert” opinion. The basis for RDC lies in psychiatric disorders being brain disorders with a primary focus on circuitry function. This contrasts with neurological disorders that have identifiable structural lesions. Symptoms are normally distributed and exist in everyone. RDC proposes to seek the distribution of traits and characteristics, defining abnormal as the extremes of these distributions rather than by defining mental disorders by signs and symptoms which give a diagnosis. We ask what are the brain system that primarily implements the traits, functions, and characteristics of interest. We explore what accounts for the development of dysregulation or dysfunction in these systems alongside normal-to-abnormal dimensions? We describe resident reactions to this style of teaching and show greater comfort in prescribing medications.

Conclusions: Translating Research Domain Criteria into psychiatric prescribing will move psychopharmacology into contemporary neuroscience.

Keywords: Psychiatric diagnosis; Research Domain Criteria; Psychopharmacology; Neural circuitry

EPP1440**Everyday and everynight psychiatry - experiencing a ward cover shift through zoom**

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Introduction: The delivery of medical education has changed alongside the effects of COVID-19. As a result, the undergraduate psychiatry training for medical students at Guy's King's and St Thomas' School of Medicine had to adapt rapidly. This poster portrays the journey in which the teaching sessions were developed and delivered throughout the first academic term of 2020-2021.

Objectives: To deliver an interactive online teaching day that can provide students with the knowledge and understanding of common psychiatric disorders in the interface of other medical conditions.

Methods: A clinical skills teaching day was developed to deliver the sessions via the online video calling platform Zoom. Published articles regarding online medical education as well as guidelines from the Royal College of Psychiatry were used as a resource to develop the structure. Feedback of the teaching day was collected via an anonymous survey.

Results: 78 responses were collected in total from 4 teaching days. Overall satisfaction was high with a score of 86.5/100 in overall satisfaction. Themes for positive feedback included utilising actors in simulation (38% 30/78) and high interactivity within the teaching (31% 24/78). There were a number of students who found the whole day session online tiring (13% 10/78) and others felt the variation of scenarios were too limited (12% 9/78).

Conclusions: As lockdown has forced students to have less patient contact, they have suffered from the lack of learning opportunities. This teaching day showed the importance of organising high fidelity scenarios in order to try and fill the void that has been created due to COVID-19.

Keywords: Zoom; online; Teaching; undergraduate

EPP1441**A risky business: Teaching clinical risk assessment in the midst of a global pandemic**

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Introduction: Assessing risk is an important core skill yet there is not a consensus as to how to teach it. Clinically, there has been a move away from using risk prediction tools in favour of clinical judgement. We describe an iterative process to develop high quality, online teaching around risk assessment for medical undergraduates.

Objectives: To teach the clinical skill of risk assessment to enable medical students to evaluate and manage risk when encountering patients with mental health issues.

Methods: A half day tutorial was designed and refined in an iterative process using feedback from participants on this session and other concurrent teaching occurring in the department. Sessions were also reviewed by external medical educators to ensure quality and learning objectives were met.

Results: The average rating from 62 students was 4.4/5. Students commented that the session was well organised and delivered. Following feedback, the use of actors was prioritised to simulate evolving clinical situations. Students placed a high value on this: "simulated patients were amazing! They were really interesting and I was able to practice the skills I learnt over placement". Logistical changes e.g. more breaks, followed appreciation of the exhausting nature of the session and maintained student engagement. There was increased emphasis on promoting group interaction through functions like a 'break-out room'.

Conclusions: This session may give educators confidence that they can take risks when teaching the skill of risk assessment. Students were receptive and meaningfully engaged with concepts such as clinical judgement and bio-psycho-social formulations as opposed to 'tick box' assessments.

Keywords: formulation; MedEd; psychiatry; risk

EPP1442**A COVID-19 necessity or the future of medical education? An evaluation of online psychiatry tutorials for medical students**

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Introduction: Following the national lockdown in the UK in March 2020 in response to the COVID-19 pandemic, we instigated regular online tutorials for fourth year medical students undertaking their psychiatry placement.

Objectives: The aims of these tutorials were threefold: to ensure that students covered a range of key psychiatry topics, to enable them to have the opportunity for interactive tutorials with experienced psychiatrists and, not least, to create a sense of continuity and connection with their tutors and peers across the mental health block.

Methods: Each student was allocated to a tutorial group comprising 10 – 15 medical students and a psychiatrist facilitator. These groups met weekly for 7 consecutive weeks at an agreed time for 60 – 90 minutes via an online platform and all covered the same allocated topic each week. We evaluated these groups via an online survey sent to the students following the programme.

Results: The students rated the tutorials on average as 4.5/5 on whether they met the defined learning outcomes. On average the students did not consider that the virtual format made a significant difference to their learning, but this disguised a wide range of views that were expressed via a comment box.

Conclusions: The evaluation of this project supports the use of virtual tutorials as a valuable learning tool but educators need to be aware that student views' on these can be varied and so, long-term, a blend of virtual and face to face learning is most likely to meet the needs of all students.

Keywords: Education; Medical Students; virtual; tutorials