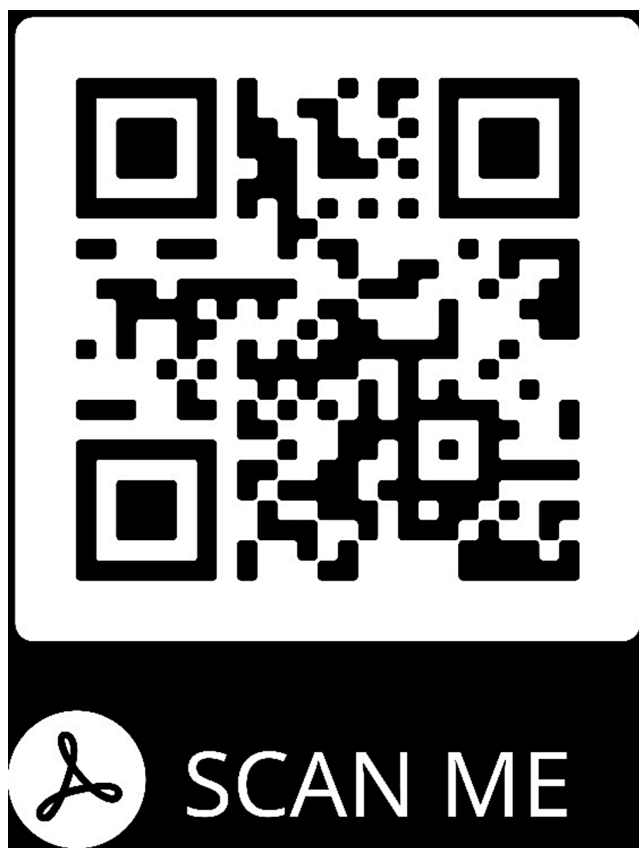


knowledge on ADHD in order to perform assessments. Only 14% (n=1) felt they had access to adequate resources about how to make an ADHD diagnosis. Participants were asked on a scale of 1-10 (1= not at all, 10= very) to rate their confidence in conducting ADHD assessments. The average confidence score was 2.43. There was a space for free text feedback in which participants reported the following: “felt thoroughly out my depth”, “I felt chucked in the deep end”, “I felt very under qualified”

Image:



Conclusions: Our results showed that junior clinicians did not feel confident or knowledgeable about undertaking adult ADHD assessments. In response to this we have now produced, in association with the consultant psychiatrists within our health board, an informative and engaging quick reference poster which explains how to undertake an ADHD assessment (see QR code attached as Image 1). It contains useful pointers about diagnosis, and more importantly guidance on language/phrases to use when explaining to patients whether or not you feel a diagnosis of ADHD is appropriate. It then also explains next steps that can be offered i.e. psychological support/medication options and how to prescribe these. We plan to send out a repeat questionnaire to the next cohort of junior clinicians to assess if they have improved confidence in managing and diagnosing ADHD following this intervention.

Disclosure of Interest: None Declared

EPV1083

Enhancing Psychiatry Resident Bonding and Education using an Escape Room Challenge Activity

G. Lee*, G. Russell, H. Farhan, J. Lin and L. Spring

Psychiatry, Stony Brook University Hospital, Stony Brook, United States

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1656

Introduction: An “escape room” is a game requiring teamwork and problem-solving during which a series of puzzles are solved to escape a locked room. Various escape room activities have been designed for healthcare professionals, including internal medicine residents and nursing students (Anderson *et al.* Simulation & Gaming 2021; 52(1) 7-17; Rodríguez-Ferrer *et al.* BMC Med Educ 2022; 22:901; Khanna *et al.* Cureus 2021; 13 (9) e18314). Escape rooms provide an opportunity for social activity, an important component of resident wellness (Mari *et al.* BMC Med Educ 2019; 19(1):437). This abstract describes an escape room challenge designed and implemented at our psychiatry residency program quarterly wellness afternoon event, which is an afternoon session dedicated to resident wellness.

Objectives: The objective of this project was to design and implement an escape room challenge containing multiple game mechanics, including hidden roles, information asymmetry, acting, logical deduction, and spying. This activity was conducted to enhance bonding among residents while reinforcing knowledge in psychiatry.

Methods: We designed and implemented an escape room for 22 residents. Residents were divided into four teams each tasked with completing a sequence of puzzles to open the final lockbox. Two novel mechanics were added to the activity. Each team had a “clue holder” with clues to help solve all the puzzles. This team member had to conceal their identity because, if any of the other teams identified this person, the original winning team would have to give up the prize to the team that guessed the identity of this person. One member of each team was assigned a “spy” role whose mission was to make it hard for the clue holder to reveal all the clues. An anonymous post-activity survey was completed using Google Forms.

Results: The script was set in a fictional, abandoned psychiatric emergency room. The first task was a visual puzzle of a historic figure in psychiatry. The second activity involved residents guessing the psychotropic medication being acted out by another resident in the style of charades. The third activity required residents to apply developmental milestones to decode a combination lock. The fourth puzzle involved residents solving riddles by using information gathered from resident profiles on the residency program website.

Eleven (50%) residents completed the post-game survey. All residents answered true or very true that they enjoyed the game and that participation helped them better connect with their peers. Eight (73%) residents answered true or very true that they learned something from the activity.

Conclusions: An adapted escape room challenge is a novel wellness activity that enhance resident collegiality, teamwork, and bonding. All residents who completed the post-activity survey indicated that

they enjoyed the activity and felt more connected to their peers afterwards.

Disclosure of Interest: None Declared

EPV1084

Psychiatry training in Hungary, difficulties and advantages

I. A. Van Der Wijk

Sántha kálmán Member Hospital, SzSzBM County Hospital, Nagykovács, Hungary

doi: 10.1192/j.eurpsy.2024.1657

Introduction: While in theory our training program is quite satisfactory, in practice it often falls short. The first two years give a more general knowledge, including spending time at internal, ICU and neurological wards as well as attending a month-long course about communication, palliative care and basic legal principals important in healthcare. The second three years provide the opportunity to engage in profession-related rotations, like psychotherapy, psychiatric rehabilitation and addictology.

Objectives: The design in itself is clear, but the supervision for its enactment is insufficient. This leads to regional differences between the four faculties of our country, not everyone is able to partake in the supposedly mandatory rotations (mostly because of shortcomings in staff) and the organization of our theoretical education varies greatly in each region to the point of non-existence in one area, since the COVID-19 pandemic started. The personal supervision of each psychiatry trainee also leaves much to be desired both on professional and – in psychiatry very important – mental levels. Competence and responsibility limits are often vague, and, especially in country hospitals, too much is expected of the resident (i.e. doing a nightshift alone, without direct supervision).

Methods: It is a positive thing that in theory there are standards in place, the problem is that they are more viewed as guidelines, than demands to be met. Nevertheless, some of the faculties provide well-organized education (even subdivided per year of training) and/or take rotations outside of the ‘home ward’ seriously. The opportunity to gain a basic knowledge in psychotherapy is also beneficial and a good aspect of our training. Easily accessible or even obligatory participation in psychotherapy for ourselves during our training however, is lacking.

Results: The decreasing number of psychiatry trainees sadly is a worldwide trend and Hungary is no exception. This poses more difficulties, i.e. making it harder to let a resident go on ‘outside’ rotations, especially from wards already struggling with staff shortages. Because of the latter, there is also little time to teach the trainees appropriately and pay them the attention they need.

Conclusions: All in all, there is much potential in our training program and its standards, also leaving room for substantial improvement in realizing the practical aspects. The decline in numbers of psychiatry trainees is worrisome and calls for more general intervention on a European or even global level.

Disclosure of Interest: None Declared

EPV1085

Experiences and attitudes of UK early career psychiatrists towards electroconvulsive therapy

L. Alexander^{1,2*}, G. Bhatia¹ and M. Pinto da Costa^{1,2,3}

¹South London and the Maudsley NHS Foundation Trust; ²Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London, United Kingdom and ³Institute of Biomedical Sciences Abel Salazar, University of Porto, Porto, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1658

Introduction: Electroconvulsive therapy (ECT) is effective in treating severe major depressive disorder, manic episodes, and catatonia. Despite this, it is a controversial treatment amongst patients, carers, and even some psychiatrists in the UK.

Objectives: To determine the experiences and perceptions of UK psychiatric trainees and early-career psychiatrists regarding the use of ECT in clinical practice.

Methods: An anonymous survey was distributed online to UK psychiatric trainees and early-career psychiatrists across the country. The questionnaire consisted of 36 multiple-choice and Likert scale questions.

Results: So far, 44 trainees and early-career psychiatrists have responded. The vast majority had witnessed ECT administration during training and had administered ECT under supervision. Most respondents agreed or strongly agreed that ECT was a safe and effective treatment, and most respondents disagreed or strongly disagreed that ECT is cruel or outdated. There were more varied views regarding perceptions of side effects and contraindications: a minority of respondents were unsure about whether ECT had long-term side effects, and whilst most respondents disagreed or strongly disagreed that ECT has many risks and contraindications, just under half were unsure or agreed.

Conclusions: Most UK psychiatric trainees and early-career psychiatrists have experience of ECT during training and believe ECT is a safe and effective treatment. Respondents had a mixed view regarding the side-effect profile and risks/contraindications of ECT, which may be an important area for further education and training.

Disclosure of Interest: None Declared

EPV1086

Psychiatry Trainees’ Perspectives on Psychotherapy Training in Residencies Worldwide

R. M. Salgado^{1,2*} and O. von Doellinger¹

¹Centro Hospitalar do Tâmega e Sousa, Penafiel and ²Faculty of Medicine of the University of Porto, Porto, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1659

Introduction: Incorporating psychotherapy into the curricula of psychiatry residency programs has been proven difficult, even in countries where psychotherapy training is a requirement for psychiatry residents to become psychiatrists. There is a risk that future psychiatrists lacking psychotherapy skills will be restricted in managing the wide scope of disorders and personalities they will face in clinical practice. It is important to assess what psychiatry trainees