

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