

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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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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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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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-