

Figure 1 – Meta-analysis of patient's perception of being treated by a coordinated team.

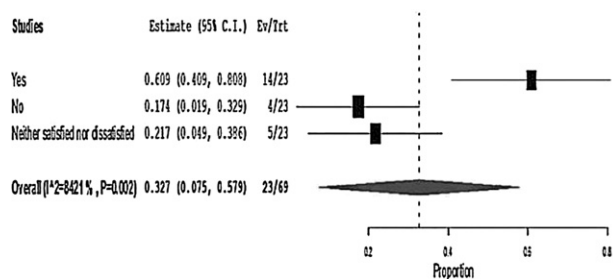


Fig. 1 Meta-analysis of patient's perception of being treated by a coordinated team.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.183>

EW0570

The EPA gaining experience programme: A great experience for young professionals

M.G. Oriani^{1,*}, J. Beezhold²

¹ Centro Salute Mentale Ancona AV2 ASUR MARCHE, Department of Mental Health, Ancona, Italy

² Central Acute Service, Norfolk and Suffolk NHS Foundation Trust, Norwich, United Kingdom

* Corresponding author.

Introduction Mental health services in many European countries are undergoing to changes: it is important that early career psychiatrists (ECPs) have opportunities to broaden their professional horizons and better understand the international context of the upcoming changes: then, they can become aware protagonists of these changes and the future of the mental health system in their countries and in Europe. The gaining experience programme (GEP), offering ECPs observership placements in various psychiatric institutions across the Europe, can boost it.

Aims We aim to consider how the EPA GEP can provide a unique professional and cultural understanding of the mental health services across the Europe and positively affect the ECPs' career.

Methods and results Starting from an experience of the GEP in 2016, we will discuss how it represents a great chance to observe the clinical work of multidisciplinary teams and an opportunity to visit different countries. Many aspects were significant, starting from the different organization of the mental health services, as well as the influence of different cultures on the mental health care system and the patient's expectations.

Conclusions Attending EPA GEP is an important chance for ECPs to improve their professional and organizational skills as well as a great skill-building opportunity and personal growth experience. The GEP is at his third edition this year and it has having a growing success among young psychiatrists. It gives them a chance to improve mentoring and professional networks among experts and ECPs and to get more involved in the EPA activities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.184>

EW0571

Transparency and due process: A systematic approach to educational decision-making and appeals

A. Peters

The Royal Australian and New Zealand College of Psychiatrists, OPCEO, Melbourne, Australia

Introduction Transparency and due process are inseparable principles that should underpin any educational and administrative decision made within an organization.

Objectives It is considered best practice for organizations to place the processes and structures surrounding reviews of decisions made by their organization at arm's length to the committee or group that made the original decision. This ensures there is and that due process is followed.

Aims An independent appeal process is an integral part of any fair system of assessment and decision making.

Methods The Royal Australian and New Zealand College of psychiatrists has undertaken several reviews of its current processes to examine its practices as both substantive and procedural issues arise in decisions with regard to the provision of psychiatric training. The reconsideration and appeal policy was developed to set out a clear and fair process for applicants to request decisions of the RANZCP to be reconsidered and appealed. This ensures that an applicant has a fair and reasonable opportunity to challenge the original decision whilst receiving support from the RANZCP to minimize any stress that may be experienced during this process.

Results The RANZCP has observed that the three phase process has enabled matters to be resolved at an earlier stage of the appeal cycle and do not require progression to a formal appeal.

Conclusion This presentation will identify best practice methods in educational decision-making and conducting appeals.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.185>

EW0572

Assessment of suicide-related knowledge and skills in a sample of health professionals and students

M. Pompili^{1,*}, D. Erbuto², M. Innamorati³, M. Migliorati⁴, P. Girardi²

¹ Sapienza University of Rome, Department of Neurosciences, Mental Health and Sensory Organ, Rome, Italy

² Italy

³ Università Europea di Roma, Department of Human Sciences, Italy

⁴ Department of Neurosciences, Mental Health and Sensory Organs, Italy

* Corresponding author.

Objective Assessment of suicide risk is of paramount importance for proper prevention.

Aims To examine the association between gatekeeper training and suicide-related knowledge among a diverse set of health care workers (psychiatrists, nurses, psychologists, and educators) and students enrolled in medical and psychological schools who took part in the world suicide prevention day 2015 conference.

Method Among 223 participants who completed the assessment, 204 provided complete data for analyses. Participants were administered the applied suicide intervention skills training (ASIST), a 13-item survey questionnaire to assess participants' knowledge about suicidal behavior and comfort dealing with suicidal clients. There were 62 psychiatrists; 23 nurses, 51 psychologists, 11 educators, and 57 university students.

Results Among participants, 57.1% of the sample had experiences of suicide a patient (students were excluded from these analyses). Those who reported a suicide among patients (compared with oth-

ers) less frequently answered that suicide risk is more alarming in older adults than youths. They also less frequently disagreed with questions asking if they had the training to deal with suicidal patients. Students more frequently answered correctly on the association between depression and suicide risk, and less frequently chose the correct answer on the seriousness of suicide intent in borderline personality disorder. Students also more frequently disagreed with questions asking on their suicide assessment skill.

Conclusions Our study highlights that differences exist when it comes to knowledge and skills related to suicide risk assessment both among health professionals and students. Our results also indicate that suicide awareness among these groups should be promoted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.186>

EW0573

Psychiatric trainees: Swiss penknives for a cheap price?

E. Sönmez^{1,*}, L. De Picker², H. Ryland³, M. Pinto Da Costa⁴, T. Gargot⁵, I. Viltrakyte⁶, R. Grassl⁷

¹ Marmara University Pendik Training and Research Hospital, Psychiatry, Istanbul, Turkey

² CAPRI, University of Antwerp, Psychiatry, Antwerp, Belgium

³ South West London and St Georges NHS Trust, Forensic Psychiatry, London, United Kingdom

⁴ Hospital de Magalhães Lemos, University of Porto, Psychiatry, Porto, Portugal

⁵ Hôpital de la Pitié-Salpêtrière, Psychiatry, Paris, France

⁶ Vaikų ligoninė, VšĮ VULSK filialas, Psychiatry, Vilnius, Lithuania

⁷ Psychoanalytiker i.A.u.S, Psychiatry, Vienna, Austria

* Corresponding author.

Introduction Global trends in the nature of working conditions pose significant threats to the training of medical professionals, as a result of cuts in educational grants and the salaries of professionals in training. Psychiatric trainees are not exempt from these changes.

Objectives To determine the current working conditions of psychiatric trainees and how they impact on their experience of training.

Methods A semi-structured survey was distributed to all members of the European forum of psychiatric trainees. Responses were collected online from 34 participating countries. The respondents were representatives of national trainee associations. Data collection was completed between May and July 2016.

Results Respondents reported that the most important issues affecting postgraduate training were firstly working conditions, then salary, psychotherapy training and supervision, respectively. The average official mandatory working hours for a trainee, including on call duty was reported to be on average 40.16 (\pm 10.14 hours per week). In reality, the time that trainees report working is more than 20% higher than official working hours (on average 49.08 \pm 15 per week). There is an officially recognized minimum vacation period of 20 days in almost all countries, ranging up to a maximum of 40 days (mean: 26.93 \pm 4.97, per year). Salaries demonstrate an even greater variation, ranging from 100 Euros (as in the case of Moldova), up to over 5000 Euros (as in the case of Germany or Switzerland) per month.

Conclusion Psychiatric trainees often work longer than the officially recognized hours and their income varies considerably between countries, which have been identified as the two biggest challenges trainees face.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.187>

EW0574

Comparing learning outcomes for mental health simulation training delivered to entire clinical teams versus professionals not working together clinically

L. Valdearenas*, C. Attoe, S. Cross

Maudsley Simulation, South London and Maudsley Hospital NHS Foundation Trust, London, United Kingdom

* Corresponding author.

Introduction Working effectively with colleagues using a multi-disciplinary and interprofessional approach is vital in healthcare, particularly mental health, where the interface between physical and mental health is often missed due to involvement with different specialties. Collaborative clinical practice is essential to provide the best clinical care to people experiencing mental and physical health co-morbidities. Simulation training encourages experiential learning for human factors (or non-technical) skills, such as teamwork and interprofessional collaboration. This study explored the differences in learning outcomes between team and non-team training for physical and mental health co-morbidities.

Aims and objectives This project aimed to establish differences in human factors learning, confidence and knowledge, following training for teams that work together versus interprofessional groups from various teams. The project hoped to continue improving mental health simulation training and promote and enhance human factor skills that are basic pillars of multi-disciplinary and interprofessional care.

Methods The human factors skills for healthcare instrument (HFSHI), alongside confidence and knowledge measures were administered to all participants pre and post simulation training on interacting mental and physical health. A post-course evaluation survey with open questions was used to collect qualitative feedback on the impact of the training course.

Results With data collection ongoing, preliminary results indicate differences between team and non-team simulation training, with particularly interesting qualitative findings.

Conclusions Learning outcomes may differ for team versus non-team simulation training, evidencing the different value of these two training set-ups.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.188>

EW0575

Who learns more in interprofessional mental health simulation training? A study comparing learning outcomes of different professionals who work in mental and physical health care settings

L. Valdearenas*, C. Attoe, S. Cross

Maudsley Simulation, South London and Maudsley Hospital NHS Foundation Trust, London, United Kingdom

* Corresponding author.

Introduction Simulation training has the potential to develop communication and teamwork skills, as well as technical knowledge and competency. Mental health simulation training aims to promote awareness of mental health conditions and to enhance human factors (or non-technical) skills that will enable professionals that work in mental and physical healthcare settings to improve their collaborative and patient-centered clinical practice. This study explored the differences in learning outcomes after a mental health simulation course between different professionals—nursing staff, medical staff, and allied health professionals.