

**Introduction:** Some of the most vulnerable psychiatry patients are children under 18, as they can't protect themselves and their rights from unethical behaviour of mental health professionals. There is a gap between theoretical knowledge and application of ethics at the workplace. Continuous education in ethics is necessary to address this gap.

**Objectives:** The objective of the study was to compare various forms of education in ethics and develop training for mental health practitioners.

**Methods:** The study had 2 groups (356 participants, aged 23 to 67, average age – 41.3) – staff of the main and oldest children's mental health clinic in Moscow, Russia. The control group (124 participants) of mental health professionals received written materials on ethics (such as ethical codes and ethical decision-making protocols). The test group (232 people) participated in a several trainings on ethics. The trainings included 3 parts – discussing the code of ethics, creating examples of potential ethical challenges and role-plays. Participants reported that the topics on the quality of care, common ethical dilemmas and relationships between the practitioners, young patients and legal guardians, were the most helpful for them.

**Results:** The survey was conducted to evaluate the results. 70.8% of staff members that participated in training shared that they feel confident about applying the Code and the decision-making protocols in unclear cases. Only 32.6% from the control group reported the same level of confidence.

**Conclusions:** Hands-on training in ethics for continuing education has shown to be more beneficial, as compared to theoretical instructions

**Keywords:** ethical dilemmas; training; application of ethics; ethics

### EPP1434

#### Do podcasts improve the learning experience of dyslexic medical students?

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**Introduction:** There has been a rapidly increasing rate of students disclosing specific learning difficulties in higher education- in 2016 dyslexic students accounted for up to 5% of the student population. (Ryder D, Norwich B.)

**Objectives:** It is important that provisions for alternative learners are developed in order to increase accessibility to medicine. Podcasts are an inexpensive, accessible and convenient method to both deliver education and interest pieces to a new generation of learners. This poster aims to explore the idea of harnessing the technology available to us to create an accessible, enjoyable platform to improve the experience of students with learning difficulties.

**Methods:** A literature search reviewing the past and present provisions for students with learning difficulties was conducted using a range of databases covering educational, scientific and medical backgrounds. 315 papers were found across the databases, each analysed for relevance and 25 were selected as appropriate.

**Results:** identified 5 key themes; the lack of awareness and importance of education, the power of audio learning, the practicalities of podcasts, adjustments to examinations specifically and finally additional provisions which accompany audio learning to create an all-inclusive educational experience. Altogether suggesting podcasts have an improved outcome for students with learning difficulties.

**Conclusions:** It has been evidenced understanding is key to maximising learning potential and highlighted need to increase awareness of dyslexic needs in higher education institutions, generate audio centred provisions in conjunction to traditional materials and be aware of alternative provisions to cater for the spectrum of dyslexic needs.

**Keywords:** podcast; learning difficulty; widening participation; Dyslexia

### EPP1435

#### Building interest in psychiatry: Could peer-to-peer learning be a way forward in improving engagement in psychiatric education amongst medical students?

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**Introduction:** Stigma, stereotypes, and preconceptions have meant psychiatry has been subject to poor engagement from medical students when compared to other specialties. Whilst efforts have been made to understand reasons for this and formulate strategies to build interest, the problem still exists.

**Objectives:** This piece explores whether giving those with a passion for psychiatry a platform to share this could gradually but positively influence their peers and thus, be a potential way to drive engagement in psychiatry as a career.

**Methods:** Advanced literature searches explored items such as engagement in psychiatry and benefits of peer-to-peer education. CASP checklists facilitated selection and appraisal of literature for use in this discussion. Key themes were identified and used to formulate suggestions for the use of peer-to-peer teaching in building interest in psychiatry.

**Results:** Thematic analysis of the data found 4 main themes relating to engagement in psychiatry. Current strategies to improve this have varying impact and include clinical exposure, using patients with lived experience in learning and enrichment activities, whilst the main negative influence is a long-standing stigma and stereotype around psychiatry. Three themes regarding the relevant benefits of peer-to-peer teaching were found, being peer-to-peer connection, peer influence and means to overcome stigma.

**Conclusions:** Three key strategies for the use of peer to peer learning are suggested. These are 'learning from students with lived experience', 'peer-teaching from passionate students prior to clinical exposure' and 'using peer learning to initially introduce topics in psychiatry in a relatable manner'.

**Keywords:** psychiatry; training; peer-to-peer; Medical Education

### EPP1436

#### Are uk higher psychiatry trainees using special interest sessions to develop their career pathways as intended? what might help achieve this goal?

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**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