

(i.e., Blackboard). A mixed methods design was employed, with both Likert scale and open-ended items included in the survey. Students were informed that future cohorts would be offered a choice between the existing *Forensic Psychiatry & Substance Misuse* module and the proposed *Leadership and Management in Psychiatry* module, as well as a choice between the existing *Child and Adolescent Disorders* module and the proposed *Advances in Psychiatric Research* module.

Results. Responses from the current student body were collated and analysed. A total of 29 (51%) students surveyed were medical professionals, with the remaining 28 (49%) students being science graduates or other clinical professionals. Descriptive analysis of the quantitative data revealed that an overwhelming majority of students viewed the introduction of the new modules as a positive development that would further enhance the student learning experience and continuing professional development. Content analysis of the qualitative data revealed further insights on the nature of the proposed modules and preferences on how these should be included within the existing programme schedule.

Conclusion. Students currently enrolled on the *MSc Psychiatry* favour the introduction of the proposed modules tailored to support professional development. Specifically, students view the proposed module on *Leadership and Management in Psychiatry* as catering to the needs of clinicians working in a variety of health-care settings, whilst the proposed module exploring *Advances in Psychiatric Research* was considered to supplement existing course content on evidence-based medicine and caters for students with an interest in pursuing a career in academia.

'Bridging the Gap': Do Psychiatry Core Trainees Feel Prepared to Deal With Acute or Emergency Physical Health Conditions?

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Aims. In many cases there are several years between a trainee finishing foundation training and covering inpatient psychiatric wards on call. However, being resident on-call and covering psychiatric wards involves dealing with acute medical as well as psychiatric emergencies. Anecdotally trainees say that they often feel unprepared for this, and that the types of medical emergencies seen in psychiatric wards have rarely been come across in foundation training. The views of the psychiatric core trainees in the Maudsley Training Programme were audited with the aim of finding out how confident they feel in this area.

Methods. 30 Maudsley core trainees were sent a questionnaire which included questions such as "how confident do you feel when dealing with physical health issues, particularly when on call?" and "how rusty do you feel on your physical health medicine from med school?" using a Likert scale.

Following the results of this initial audit an intervention was introduced which was the delivery of a monthly 10 minute slot at local teaching called "Bite-Sized Medicine". This was a 10 minute power-point presentation on acute physical health issues.

Post-intervention there was a re-audit. Trainees were sent another questionnaire (Likert scale) asking follow-up questions to determine if the intervention had improved their confidence.

This project was approved by the South London and the Maudsley Information Governance team and did not require ethical approval.

Results. 10 core trainees responded during the pre-intervention audit and 13 during the post-intervention audit.

Mann Whitney U tests were used to compare the means Q1vs Q3 (confidence), and Q2 vs. Q4 (rustiness) pre and post intervention.

Both were significant on this output ($P < 0.0005$).

This shows that there is a significant difference in the mean scores pre and post intervention, with the post-intervention scores being higher. This indicates that the intervention helped trainees to feel more confident and less rusty in terms of dealing with acute physical health issues.

Conclusion. In this small survey, core psychiatry trainees expressed that the introduction of "Bite-Sized Medicine" was useful in helping them feel more confident and prepared when dealing with acute and emergency physical health issues. This is reflected in the statistical analysis, albeit with small sample sizes. Comments were made such as "there are a range of physical health issues that are common in psychiatric care that trainees won't have seen much of in their foundation training. This is a very useful intervention for bridging that gap".

Exploring Reasons for Choosing Psychiatry Among Psychiatrists in the United Arab Emirates

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Aims. The global burden of mental disorders continues to grow with significant health, social and economic consequences. Unfortunately, the gap between the need for mental health care and its provision remains wide all over the world. The recruitment and retention of psychiatrists is a long-standing concern in the United Arab Emirates (UAE), with social stigma playing a potential role. This study aimed to investigate the factors that affect the choice of psychiatry as an area of practice by psychiatrists in the UAE. A secondary aim was to assess differences in the factors which affected career decisions among those participants with different backgrounds to establish any cultural and generational differences in choosing psychiatry as a career.

Methods. We conducted correlational research using an anonymised 30-item online questionnaire. We recruited qualified psychiatrists currently working in the UAE. The structured questionnaire assessed the participants' sociodemographic factors and reasons for choosing psychiatry. Ethical approval was received from the Social Sciences Research Ethics Committee (SS-REC) at United Arab Emirates University. Statistical analysis, including Pearson correlations and chi-square tests, was performed using the statistical package for the social sciences (SPSS) version 26.

Results. Out of 70 participants approached, 54 completed the questionnaire with a response rate of 77%. 69% of the participants were female, with a mean age of 38 years. 46% were UAE citizens. We found that the doctors trained in the UAE were statistically more likely to face opposition to specialising in psychiatry (p -value < 0.001). Participants with a family member or friend as a psychiatrist were more likely to choose psychiatry as a first choice (p -value 0.01). Psychiatrists below the age of 35 were more statistically likely to face opposition to their decision to specialise in psychiatry (p -value 0.006). Psychiatrists who regretted