were depressed according to HADS showed significantly lower emotional intelligence (OR: 0.37, CI: 0.16–0.86)
Conclusion. Emotional intelligence is now being recognized as an important life skill for healthcare providers. Emotional intelligence of medical undergraduates is influenced by a number of factors such as early schooling, family's living situation, current mental health and adverse childhood experiences. More prospective researches should be conducted to evaluate these relationships. Carefully crafted interventions for improving emotional intelligence for medical students must be implied at an early level to achieve better outcomes from medical education.

Experience and Reflection From Inpatient Staff at an Intellectual Disability Hospital During COVID-19

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Aims. The COVID-19 pandemic and the associated impact on the NHS led to particular challenges for Intellectual Disability (ID) inpatient hospitals across the country. The aim of this Research Project is to gather the experience of Inpatient staff in our local ID Hospital following the first wave of COVID-19 pandemic in July 2020.
Methods. We gathered data by means of survey from inpatient staff including 'staff nurses' and 'health care support workers' from 2 cute assessment and treatment units and 1 rehabilitation unit over the preceding 3 months. We obtained 15 responses. We gathered quantitative data via a questionnaire on the views of staff regarding the service provision for patients and staff during COVID-19. We also gathered qualitative data on learning points and how things would have been done differently in hindsight.
Results. The responses were anonymised, directly transcribed, coded and grouped into themes. 67% of staff stated appropriate type and quantity of Personal Protective Equipment was available. 60% of staff stated it was 'easy' to access a General Practitioner for patient reviews. 60% of staff stated, there was a change in arrangements for Do Not Resuscitate/Escalation plans during COVID-19. 47% of staff stated there was availability of virtual or face-to-face clinical training support. 67% of staff did not take sickness leave due to symptoms or contact with a COVID-19 patient. 67% of staff did not receive or found it difficult to access a COVID-19 test. 47% of staff reported a negative impact of the pandemic on their physical and mental health well being. 13% of staff found the Counselling/emotional Support helpful.

Some of the key themes that emerged in the qualitative data analysis included the importance of being grateful for personal health and well being, move lives could be saved if earlier and more frequent testing was available during the first wave, delays in the arrival of PPE in the hospital and ideas to mitigate risk by designating members of staff to a fixed work area to reduce mixing.
Conclusion. A wide range of reflections, suggestions and feedback were obtained during the research project which will be helpful to plan and organise services moving forward should future waves of COVID-19 emerge.

Comparative Study of Care Home Referrals During Three National COVID-19 Pandemic Lockdowns

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Aims. To compare characteristics, presentation and treatment of care home patients referred to care home pathway team during three lockdowns.
Methods. Data were collected from referrals to G&W care home pathway team during lock downs:

First: 23rd March 2020 to 30th June 2020
Second: 5th November 2020 to 2nd December 2020
Third: 5th January 2021 to 8th March 2021

Variables collected included number of referrals, age, gender, type of care home, reason for referral, type of behavioural and psychological symptoms of dementia (BPSD), diagnosis, new diagnosis of dementia, comorbidity, type and professional to make initial contact, blood tests at point of referral, appointments, duration on caseload, type of interventions for BPSD, admission, and use of antipsychotics. They were analysed for statistical significance at p value <0.05.
Results. There were 23, 21 and 34 referrals respectively in the three lockdowns, with significant reduction in the weekly average of referrals (1.6), and number of men (17.4%) referred in the first lockdown. Significantly greater proportion of referrals in first lockdown was for BPSD (65.2%), with aggression (40%) as most common BPSD. Alzheimer's dementia was commonest dementia (67%) across lockdowns with fewer new diagnosis (21.7%) made in first lockdown. There was lower rate of delirium (21.7%) in fist lockdown associated with fewer blood investigations (56.5%) at point of referral. Although there was no difference by type of professional, number of appointments, and discharges, duration on caseload (median 58.5 days) was significantly longer during first lockdown. There was access to medical, nursing, and psychological therapies input during all lockdowns. There was reduction in medication prescription including antipsychotics (33%), with no new antipsychotics commenced in all lockdowns.
Conclusion. Despite availability of mental health services, this study highlights reduction in access to mental health services as well as physical health investigations for elderly residents in care homes during the first lockdown.

Does the Presence of Psychiatric Symptoms in Adolescents With Special Educational Needs at Certain Time Points in Earlier Life Predict Functional Outcome Later On?

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Aims. This study analyses the progression of psychiatric symptoms over time of young people with special educational needs (SEN). The aims of this study were: 1) To examine whether the presence of psychiatric symptoms in earlier life are more likely to impact functional outcomes in later life in those with SEN; 2) Whether the presence of psychiatric symptoms in adolescence predicts functional outcomes in early adult life.
Methods. Data were obtained from the Edinburgh Study of Comorbidity (ESC) which was a longitudinal follow-up study of