

(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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doi: 10.1192/bjo.2022.130

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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doi: 10.1192/bjo.2022.131

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

their decision to specialise in psychiatry were statistically more likely to feel this way in their first year of residency (p -value <0.001). This study had its limitations, including the generalisability of findings and the sociodemographic factors of participants. The self-reported methodology could have subjected findings to bias, including social desirability bias.

Conclusion. Multiple sociodemographic factors influence the decision to specialise in psychiatry in the UAE. These findings would be helpful to identify hurdles faced by the young UAE clinicians in choosing psychiatry, partly explaining the dearth of UAE-trained psychiatrists in the country. Further research is required to study these reasons in detail, helping to improve the recruitment and retention of UAE psychiatrists in the future.

Establishing an Old Age Liaison Psychiatry Network

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doi: 10.1192/bjo.2022.132

Aims. Our aim is to establish a network for clinicians working in or with an interest in the growing specialty of old age liaison psychiatry to provide peer support (inclusive of disciplines and geography) and access to CPD opportunities, to raise the profile of this subspecialty and enable it to continue to develop, to facilitate collaboration and integration with related disciplines and pathways and to strengthen the voice of clinicians in lobbying for improvements in mental health services for older people in the general hospital.

Methods. Old Age Liaison Psychiatry is a growing subspecialty in the UK and nationally, following widespread investment in development of liaison services in line with Department of Health strategy. With this expansion comes an increasing need for continuous professional development, networking and collaboration opportunities in order to nurture the specialty and those working in it.

Results. Over 100 people registered for the initial webinar, and many more have watched the recording. Since the webinar the network has grown to 350 members. The webinars were received very positively, with many suggestions made for topics to be covered at future events.

Conclusion. The network has been established successfully and founders are now planning future events with the support of the Royal College of Psychiatrists, including a half day learning event in late 2022.

The Evaluation of North Wales SPiCE: Special Preparation in CASC Examination

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doi: 10.1192/bjo.2022.133

Aims. As part of the effort to support core psychiatry trainees in North Wales to prepare for their CASC (Clinical Assessment and Skill Competency) exam, the North Wales SPiCE (Special Preparation in CASC Examination) Project has been initiated. This article aims to evaluate the SPiCE based on medical educational principles.

Methods. A total of five candidates preparing for the CASC exam expressed interest and an organising committee was set up. Examiners consisted of a consultant and four specialist registrars while role players were recruited from non-exam sitting junior trainees. Five mock CASC stations were written and role-players were calibrated accordingly. The stations included: History taking for a patient with FTD (frontotemporal lobe dementia), MSE (Mental state examination) of a patient with mania and psychosis, explanation of CBT (cognitive-behavioural therapy), breaking bad news of NMS (neuroleptic malignant syndrome), and explanation of ECT (electroconvulsive therapy). The mock exam was conducted virtually using Microsoft Teams™. The specialist registrars' performances in feedback provision were assessed for their teaching using the AOT (Assessment of Teaching) form by the consultants. For core trainees who had played the part of organising committee members and role players, their volunteerism and educational management experience were assessed using the DONCS (Direct Observation of Non-clinical Skill) form by specialist trainees.

Results. All five candidates passed all the stations (consists of both borderline pass, pass) in the mock exam with 25% improvements in confidence level were seen among candidates in four stations, i.e. ECT explanation, breaking bad news of NMS, CBT explanation, and MSE of a patient with mania and psychosis. All candidates feel the SPiCE programme was useful in helping their final preparation and they would recommend it to other candidates. Four of the candidates sat for the immediate CASC diet after the SPiCE received a pass result. All specialist registrars received positive AOT feedback for their teaching and all non-exam sitting junior trainees received positive DONCS feedback for their spirit of volunteerism and collaborative teamwork.

Conclusion. The main strength of the SPiCE project is it utilises existing resources and volunteerism of the organising committee while its main limitation is it has only five stations rather than 16 stations in the real exam. Although the mock exam has improved the confidence of candidates and the majority of candidates pass the exam immediately after that, the causal link between the SPiCE and candidates' results cannot be conclusively established given all candidates have a good baseline.

Postgraduate Psychiatry Training Programme in Morocco

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doi: 10.1192/bjo.2022.134

Aims. The field of psychiatry in Morocco has grown significantly since the 1970s, from less than 10 psychiatrists to the current number of around 400. The increased number of practising psychiatrists has enabled the expansion of local residency training programmes, which has been set up since 1974 to cater for the population needs of more than 36 million population of Morocco. This study is aimed to describe the current medical educational approach of the Moroccan postgraduate psychiatry training programme.