psychiatry in 39.2%. For 91.2% of them, the specialty of adult or pediatric psychiatry was their own choice. The individuals had been practicing psychiatry for an average of two years. They reported a personal medical or surgical history, a personal psychiatric history, and a family history of psychiatric disorders in 32.4%, 8.8%, and 50%, respectively.
On the ProQOL-5 scale, we found that 88.2% of the residents had a moderate level of compassion satisfaction, 67.6% had a moderate level of burnout, and 52.9% had a moderate level of secondary traumatic stress.
Conclusions: Our study showed a moderate professional life quality among psychiatry residents, hence the importance of implementing intervention strategies.

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EPV1092

Traumatic symptoms and institutional support expectations among psychiatry residents dealing with patient suicide

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Introduction: Adult and child psychiatry residents encounter unique stressors in their training distinct from those in other medical specialties. Patient suicide has been identified as one of the most distressing experiences during psychiatric training.
Objectives: This study represents the first Tunisian investigation aiming to assess (1) the impact of patient suicide on psychiatry residents and (2) the limitations of the institutional support system in dealing with such cases.
Methods: A Google Forms questionnaire was distributed via email to all residents, gathering socio-demographic data, assessing traumatic impact using the PTSD Checklist for DSM-5 (PCL-5), and soliciting open-ended responses regarding personal experiences and expectations of the institutional support system.
Results: Fifty-three residents participated in the study. Among them, 29 residents had encountered patient suicide, with 12 directly involved. Symptoms of PTSD were detected in three residents. The physician directly involved in treating the suicidal patient reported the highest PCL-5 score. The majority of residents (27 out of 29) expressed the need for a structured support and training program tailored to healthcare professionals dealing with suicide.
Conclusions: The findings suggest that psychiatric residents may require additional training and support to effectively address the complex issue of patient suicide. Implementing specific training programs could significantly enhance their ability to manage such situations.

Disclosure of Interest: None Declared

EPV1093

Evaluation of a Simulation Based Training Course for Non-Consultant Hospital Doctors (NCHDS) in Psychiatry

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Introduction: Simulation-based training (Sim) is an established method of teaching in medical education and can help bridge the gap between medical theory and clinical practice. While sim is well-established in medical and surgical specialties, it is less well developed in psychiatry. Psychiatric emergencies often occur out of hours when there are fewer senior staff available on-site. Sim offers a safe setting for development of essential clinical skills with carefully delivered feedback.
Sim can be high-cost involving specialized simulation facilities, especially when utilising high-fidelity equipment. Even lower-fidelity techniques requiring standardized patients (SPs) require funding for actors and this can be a barrier to utilising Sim.
Objectives: We piloted a Sim course to NCHDs working in psychiatry in a tertiary university hospital with the aim of improving trainee skills and confidence in managing psychiatric emergencies on-call including risk assessment, involuntary admission and acute behavioural disturbance. A low-fidelity approach was taken with minimal use of SPs.
Methods: A sim handbook developed by Irish Centre for Applied Patient Safety and Simulation (ICAPSS) was used for reference in developing the simulation modules. Three modules were delivered in a structured manner over three hours; involuntary admission, risk assessment and management of acute behavioural disturbance. Each module involved the simulation exercise (20 minutes) followed by debrief (20 minutes). The facilitated debrief involved open discussion and prompted reflective learning. Anonymous, paper-based questionnaires were used to collect feedback on participants' experience of the training.
Results: There were 12 attendees and ten participants completed the feedback. All participants (100%, n=10) agreed or strongly agreed that sim helped them to learn and all agreed that the topics covered were relevant to their clinical role. All participants (100%, n=10), indicated that they enjoyed the workshop. Eighty percent (n=8) agreed or strongly agreed that they would like to do more sim-based workshops. The supportive environment and debrief sessions were reported as the most enjoyable aspects of the workshop.
Conclusions: Participants unanimously agreed that the training was useful to them in their clinical roles and helped them to learn. Sim was effective in teaching high risk complex psychiatric cases to psychiatry NCHDs and consideration should be given to expand this teaching method within postgraduate psychiatry training in Ireland.

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