School of Medicine & Medical Science, University College Dublin and [5]Department of Psychiatry, Mater Misericordiae University Hospital, Dublin, Ireland
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.710

Introduction: Simulation-based training is a practical medical education tool to develop health professionals' knowledge and experience in a low risk, realistic clinical setting. It trains clinicians to recognise and manage rare and complex clinical scenarios without compromising patient safety. Despite an evidence base demonstrating simulation to be an effective medical education tool, it is not commonly used in postgraduate psychiatry training as it is in other medical specialties.
Objectives: This project outlines the development and effectiveness of a hybrid-virtual simulation-based workshop designed to improve patient care by improving clinical skills of non-consultant hospital doctors (NCHDs) in detecting and managing rare and complex psychiatric emergencies.
Methods: Three clinical vignettes based on near-miss clinical scenarios in psychiatry were developed by a multidisciplinary team of doctors and nurses in psychiatry, and experts in simulation-based medical education. The workshop, 'SafePsych' was delivered in a simulation laboratory, while being captured on camera and broadcasted via Zoom video-conferencing platform to observers. Debriefing followed each clinical scenario. Participants completed pre- and post-workshop questionnaires to evaluate clinical knowledge of the scenarios in the training programme.
Results: The workshop was attended by consultants (n=12), NCHDs in psychiatry and emergency medicine (n=19), and psychiatric nurses (n=5). In the psychiatry NCHD group, test scores significantly improved following the workshop ($p<0.001$). There were significant improvements in the test scores with a mean difference of 2.56 (SD 1.58, $p<0.001$). Feedback from participants and observers was positive, with constructive appraisals to improve the virtual element of the workshop.
Conclusions: Simulation-based training is effective in teaching high risk, rare complex psychiatric cases to psychiatry NCHDs. Further exploration of the learning needs of nursing staff is required. Future workshop delivery is feasible in the COVID-19 environment and beyond, using a virtual element to meet social distancing requirements while enhancing the reach of the training.

Disclosure of Interest: None Declared

EPP0396

Coping Strategies and Relationship with Burnout among Residents in Thailand

P. Kusalaruk* and J. Saravithi

Psychiatry, Faculty of Medicine Ramathibodi Hospital, Bangkok, Thailand
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.711

Introduction: Burnout is prevalent in residents and coping is one of the important modifying factors.
Objectives: This study aimed to investigate coping strategies, burnout, and their relationship among residents.
Methods: A cross-sectional descriptive study was conducted among residents from October 2019 to April 2020 in Thailand. The Brief COPE Inventory Thai version and The Maslach Burnout Inventory Thai version were used, and the associations between coping strategies and burnout were examined.
Results: The number of 280 residents replied the questionnaire (response rate 41.5%). The most favored copings were self-distraction and acceptance and the least common were denial and substance use. Most residents had high level of emotional exhaustion (n = 113, 40.4%) and moderate level of reduced personal accomplishment (n = 99, 35.4%). However, low degree of depersonalization was reported predominantly (n = 164, 58.6%). The coping of venting, behavioral disengagement and self-blame independently predicted emotional exhaustion and depersonalization. Behavioral disengagement was the only predictor of burnout in all dimensions, whereas positive reframing is the only strategy that had independent and protective effect against burnout in all dimensions.

Table 1 Multivariate analysis of factors associated with emotional exhaustion

Variables[a] associated with emotional exhaustion	β (S.E.)	95% CI	P value
Venting	.17** (.50)	(.50, 2.46)	< .01
Behavioral disengagement	.29*** (.51)	(1.52, 3.55)	< .001
Self-blame	.15** (.47)	(.30, 2.15)	.01
Planning	.15** (.51)	(.32, 2.33)	.01
Positive reframing	-.26*** (.50)	(-3.08, -1.12)	< .001

Table 2 Multivariate analysis of factors associated with depersonalization

Variables[a] associated with depersonalization	β (S.E.)	95% CI	P value
Sex	-.12* (.58)	(-2.37, -.07)	.04
Alcohol use	.18** (.75)	(.74, 3.69)	< .01
Venting	.14* (.26)	(.07, 1.11)	.03
Behavioral disengagement	.18** (.25)	(.28, 1.27)	< .01
Self-blame	.21*** (.23)	(.38, 1.28)	< .001
Positive reframing	-.18* (.23)	(-1.17, -.27)	< .01
Use instrumental support	-.14* (.24)	(-1.03, -.10)	.02

Table 3 Multivariate analysis of factors associated with personal accomplishment

Variables[a] associated with personal accomplishment	β (S.E.)	95% CI	P value
Behavioral disengagement	-.13* (.38)	(-1.59, -.09)	.03
Positive reframing	.21** (.41)	(.42, 2.03)	< .01

[a]Only statistically significant variables are displayed

Conclusions: A large number of residents had emotional exhaustion. Behavioral disengagement and positive reframing were the most influential coping strategies related to burnout. This study might inform residency training program of some specific approaches for burnout prevention.

Disclosure of Interest: None Declared

EPP0397

Global Mental Health Meets Social Innovation: the HOW matters

R. P. F. Wolthusen[1]* and P. Andrä[2]

[1]Psychiatry, Duke University Medical Center, Durham, United States and [2]University Children Hospital, Zurich, Switzerland
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.712

Introduction: Mental health conditions are rising globally, and COVID-19 has exacerbated the situation. We often think that massive money investments and training of specialized mental health providers, such as psychiatrists, will help alleviate the demand-supply challenge. But the reality is different. Despite all efforts over the last years, the mental health treatment gap, the percentage difference between the number of people needing treatment for mental illness and the number of people receiving treatment, is still 50+% in countries like Germany. The investment of money and the training of specialized mental health providers alone will not be sudcient to decrease this number.
Objectives: We need to learn from and with partners from low- and middle-income countries (LMIC), in which a shortage of resources has prevented a signihcant investment in mental health but also has inspired the innovation and implementation of novel approaches to decrease the mental health treatment gap. This reshaped approach allows us to move from Northern Ventriloquism (high-income countries teach LMIC what to do) to honest cross-cultural bidirectional learning. Furthermore, it will hll the "how" gap.
Methods: We know WHY we should act in the (global) mental health field. We also know WHAT we should do. The main question remaining is HOW we can implement any of the activities. To fill this "how" gap, the Dresden-based NGO On The Move e.V. designed an annual 8-week program funded by the European Union, which centers around a global mental health and social innovation curriculum and aims to create spaces of empowerment towards mentally healthier communities. Our participants come from four higher education institutions in Germany, Ghana, and Kenya.
Results: The program, which was recently awarded the TU Dresden internationalization award in the category "Innovative International Research Cooperation," encourages participants to learn from and with each other. To enable an holistic approach to mental health and diversify the pool of mental health champions, the program includes participants from all fields. Since the start of the program, hundreds of culturally sensitive mental health-related Youtube videos have been recorded and distributed widely in the communities of the participants. The number of participant-led advocacy events has also increased.
Conclusions: Contextually, we will discuss core concepts, such as human-centered and community-based approaches, and how they relate to filling the "how" gap in our presentation. We might not have a blueprint of solutions in terms of decreasing the mental health treatment gap; however, our recommendations can support innovative and customized solutions. From a process perspective, we will compare existing global mental health training curricula with our curriculum and highlight transcultural learning opportunities; we will also discuss the elements of our program that empower our trainees.

Disclosure of Interest: None Declared

EPP0398

Relationship between Residency Burnout and Suicidal Risk in the Resident Physician Population

S. Jacob*, R. Tabraiz and H. Raai

St. Barnabas Hospital, Bronx, United States
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.713

Introduction: Resident physicians compared to the general public are exposed to a more rigorous schedule. Burnout as described by the World Health Organization is a phenomenon occurring in an occupational setting. It consists of three domains: feelings of exhaustion, reduced professional efficacy, increased mental distance from one's own job. Research shows that increased working hours are associated with higher levels of burnout in resident physicians.
Objectives: Through literature review we will explore whether this burnout contributes to an increased suicidal risk in the resident physician population.
Methods: Various studies assessing training of residents globally were analyzed and compared. A study in Japan distributed a survey to 4306 resident physicians. Suicidal ideation was noted in 5.6% of these physicians but when working more than 100 hours in the hospital the rate increased to 7.8%. In Australia it was found that once doctors in training worked more than 55 hours per week there was was an increase of 50% in suicidal ideation. It was also found that 12.3% of the people surveyed in the Australian study had reported suicidal ideation within the past 12 months of the survey. A study observing 5126 Dutch residents found 12% of residents having suicidal ideation but double in the group with burnout vs the group without burnout.