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Introduction There is a need of identifying predictors of suicide. With effective treatment interventions for those at highest risk, suicide can be prevented.

Aim To investigate variables possibly associated with suicide, by comparing patients in psychiatry deceased by suicide to matched controls. We compared the psychiatric ward consumption two years prior to suicide, previous medical and psychological treatments, somatic co-morbidity and the professions of health care staff in previous visits.

Method The 153 suicide cases, 101 (66%) men and 52 (34%) women, aged between 13 and 96 years, were identified from the National Cause of death registry. All cases had previous contact in psychiatry in Örebro County and died between January 1st 2007 through December 31st 2013. Each case had one gender-, age- and diagnosis matched patient control from psychiatry. Data on care usage were collected from medical records. Correlations were calculated between ward variables and the outcome variable suicide yes/no. Variables significantly correlated to suicide were used in an adjusted logistic regression model to analyse possible associations with suicide.

Results Among the cases deceased by suicide, we found significantly fewer psychiatric outpatient visits ($P < .01$), a smaller amount receiving systematic psychological treatment ($P < .01$), less pharmacological interventions ($P < .01$) and a smaller amount of treatment provided by a multi-professional team ($P < .01$). Less occurrence of psychological treatment (OR(adj): 0.459; 95% CI 0.224–0.874, $P < .05$) was significantly associated to suicide.

Conclusions Results indicate that not only repeated visits in psychiatric care, but the content of visits (i.e. psychological interventions) seems to make an important difference between life and death.

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e-Poster Walk: Training in psychiatry

EW0560

Quality improvement project: Mentoring, career advice and placement introduction session for year 5 imperial college medical students. Should induction go beyond facts and numbers?

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Introduction Feedback received from previous rotations of year 5 Imperial College medical students in West London Mental Health NHS Trust has consistently shown that medical students feel uncertain about what to expect in their psychiatric placements and are sceptical about psychiatry as a future career option. This prevents them from maximizing the educational benefit and potential in their training.

Aims and objectives Tutorial aims to prepare medical students for their psychiatric placements and create the opportunity for informal discussion about psychiatry as future career option. The session aspires to motivate students to be more involved and active partic-

ipants and invite them to think about their future career option at an early stage.

Methodology A 1-hour tutorial has been added to medical students' induction in two successive rotations (July–October 2016). Thirty-seven (37) medical students have attended the tutorial so far. Tutorial provides information about psychiatric placements, learning opportunities as well as structural and operational issues. Besides, it encourages discussions about psychiatry as a future career option, informing students about psychiatric sub-specialties, career pathways and NHS operational structure. Feedback questionnaire is handed over at the end.

Results Data were collected and analysed and findings are outlined in the diagram below (Fig. 1).

Conclusions and recommendation The majority of medical students have feedback they found tutorial relevant and useful. Current tutorial formula will be revised based on feedback collated so far.

Findings are going to be shared with local Undergraduate Educational Committee and Imperial College medical school board.

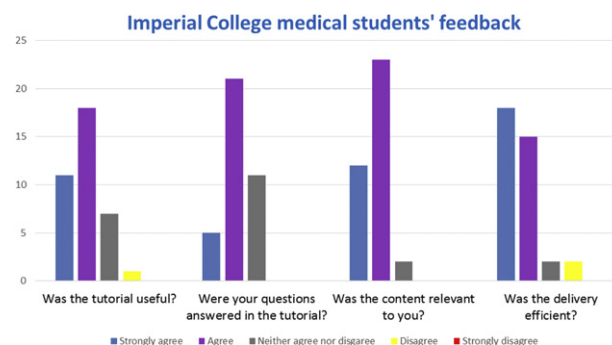


Fig. 1 Imperial College medical students' feedback.

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Workplace assessment in crisis? – The way forward

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Introduction A recent Royal College of Physicians' (RCP) study on assessment raises serious questions for workplace assessment. To address these, a system that bridges the gap from competence to performance and integrates supervised learning events (SLEs) that are formative in purpose with summative assessment of performance by entrustable professional activities (EPAs) is recommended.

Aims and objectives As a working group on assessment in psychiatry, we were interested in the RCP findings which represent a significant milestone in studies of workplace assessment. The RCP aims were to evaluate the feasibility, validity and educational value of using existing WPBA tools but for different assessment purposes and processes.

Results These were based on the General Medical Council (GMC) working party on assessment. The RCP revised its assessment processes to differentiate between assessments of development and performance. The former are formative and aim to identify a trainee's areas of strength and development; the latter are summative and aim to determine fitness to progress. Of note is that the same workplace based assessment (WPBA) tool can be used for each type of assessment; the assessment's purpose is the discriminating factor.