vulnerability, the ethical complexities of isolation practices, and the emotional weight carried by patients in these environments. VR can provide a unique "first-person lens" that traditional training could not replicate. Themes emerging from the interviews may include increased sensitivity to trauma-informed care, awareness of power dynamics, and a renewed focus on dignity-preserving practices.
Conclusions: By enabling perspective-taking and emotional engagement, VR training can enhance empathy, encourage reflection, and support ethically informed practice among healthcare professionals. The expected outcomes can have critical implications for staff training, policy development, and the broader goal of humanizing care in high-security and high-stress psychiatric environments. Future work will focus on scaling and refining these VR modules based on user feedback, as well as exploring measurable outcomes such as changes in staff behavior, communication style, and patient satisfaction.

Disclosure of Interest: None Declared

EPP499

Multi-disciplinary simulation training improves confidence in managing physical health emergencies on the psychiatric inpatient ward

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Introduction: We have developed a multi-disciplinary simulation training programme to improve management of physical health emergencies on the inpatient psychiatric wards at Eastbourne Department of Psychiatry. We ran a series of 5 scenarios, covering: cardiac arrest, ligature, lacerations, anaphylaxis, and sepsis, and involved a diverse team of nurses, support workers and doctors. They were required to make an initial assessment, provide emergency treatment, and escalate as appropriate. Afterwards we led a debrief of the scenario, and identified key learning points for the group.
Most simulation training is delivered in non-clinical settings or a standardised clinical environment, which is effective for learning processes, but can be challenging when clinicians manage emergencies in the unique environment of the psychiatric hospital. Our training took place in different locations within the hospital, and a key element was requiring staff to make optimal use of the ward environment, and identifying the most effective means of gathering emergency equipment and medical support, all of which vary between sites.
Objectives: We aimed to improve response to physical health emergencies in the psychiatric hospital. This was a high-fidelity simulation using the real ward environment, full body mannequin, props for injuries, and equipment identical to that found on the wards: crash-bag, oxygen cylinders, anaphylaxis kit.
Methods: Scenarios were chosen based on those emergencies which the staff had least confidence in managing in the ward setting, and they were written in consultation with the local resuscitation leaders.
We gathered data on knowledge of the location of emergency equipment, how to summon an emergency medical response, and self-reported confidence in managing different scenarios before and after the training, on a 5 point Likert scale (1=high confidence, 5=low confidence), and free text feedback.
Results: With n=11 and Wilcoxon Signed-Rank test, average reported confidence in managing lacerations improved from 3.7 to 2.7 (p=0.006); in anaphylaxis improved from 4.0 to 2.3 (p=0.005); in sepsis from 3.2 to 2.1 (p=0.018); and in cardiac arrest from 3.1 to 2.0 (p=0.02).
There was already full awareness of where to locate the crash bag and how to summon the emergency medical team.
Written feedback expressed a desire for regular sim training to consolidate the learning and improve confidence, and a wider set of emergency scenarios. A key theme in debrief was difficulty providing treatment in a cramped environment, positioning of the team and patient, and identifying a clear team leader.
Conclusions: We found an improvement in confidence across all scenarios, and the debrief was widely identified as helpful to consolidate learning. Further work would involve repeating the training to see if the improvement was maintained, and expanding to different sites across the trust.

Disclosure of Interest: None Declared

EPP500

Mentalization and training in psychiatry: protective factors against burnout. Evidence from a multicenter controlled longitudinal study

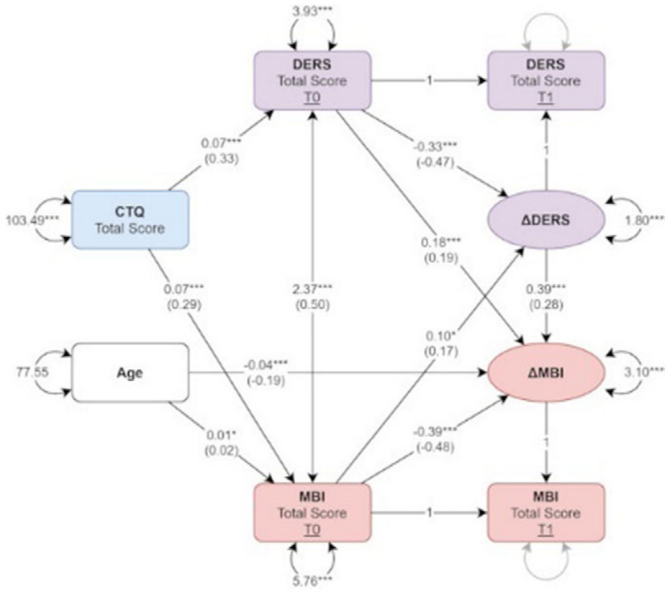
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Introduction: According to mentalization theory, personal and interpersonal skills can be shaped by early adverse experiences and coping strategies, thus playing a key role in mitigating burnout during training. In this study, the interaction between these variables was tested in a multicenter longitudinal survey involving various Italian academic institutions.
Objectives: The primary objective was to investigate protective and risk factors for the development of burnout in psychiatry trainees. Secondary objectives included comparing burnout trajectories among psychiatry residents and those in other medical disciplines, identifying psychiatry -specific factors versus general training longitudinal trajectories, and analyzing the dynamic development of personal/interpersonal skills during psychiatry training.
Methods: A cohort of 1,803 medical residents (including 1,131 psychiatry residents) was assessed for emotional regulation, interpersonal skills, coping strategies, and burnout dimensions using the Difficulties in Emotion Regulation Scale (DERS); the Interpersonal Competence Questionnaire (ICQ); the Maslach Burnout Inventory (MBI). The assessment was repeated after one year of follow-up to examine longitudinal trends. Longitudinal mixed models and bivariate latent change models were used to examine burnout trajectories and related factors.
Results: An increase in burnout was observed in the first two years of specialization. This increase in burnout over the years was lower among psychiatry residents than among other medical residents. Psychiatry residents had a lower increase in burnout over time thanks to greater development of interpersonal skills and coping

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strategies during their training. In all residents, greater development of burnout was associated with insecure attachment, emotional dysregulation, maladaptive coping, and poorer interpersonal skills. Regular supervision by a supervisor protected against increased burnout. The bivariate latent change model showed that greater development of emotional regulation skills during specialization was associated with a lower increase in burnout.

Image 1:



Conclusions: Mentalization skills can mitigate the development of burnout. Training in psychiatry emerged as a protective factor against burnout, as it was observed as reinforcing specific protective factors. Frequent structured supervision was observed as promoting both professional development and emotional resilience for medical residents in general and psychiatry trainees in particular. The "supervisor" may then be considered as a "secure base" for trainees, allowing residents to remodel and enhance their personal characteristics during training. Training - in this context of mutual trust - was, in fact, associated with an improvement in mentalization skills.

Disclosure of Interest: None Declared

EPP501

Practice with Compassion: Preparing for Real-World Psychiatry through Simulated Patient Training

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Introduction: Simulation-based training with standardized patients (SPs) has emerged as a powerful tool in psychiatric education, providing a safe, controlled environment for learners to practice complex clinical interactions. Recent evidence confirms that this approach can reduce trainee anxiety and improve confidence, knowledge, empathy, and clinical communication skills. Such experiential learning is crucial in psychiatry, given the sensitive, interpersonal nature of psychiatric interviews and the need to build therapeutic rapport in a risk-free setting.
Objectives: To evaluate the educational impact of SP-assisted psychiatric interview training for medical students and to gather insights for refining this methodology in future psychiatry curricula.
Methods: 60 fifth-year medical students (German and English-language programs) at the Medical School of the University of Pécs, Hungary, participated in an SP-based training module. In groups of three, they conducted a simulated psychiatric interview with an SP portraying a challenging scenario (e.g., a patient with major depressive disorder with suicidal ideations). Faculty observers were present to ensure fidelity and support. Each session included structured debriefing with SPs providing feedback from the "patient's" perspective, focusing on emotional impact and communication. Students also completed an anonymous online questionnaire, with both objective items and open reflections. Survey participation had no effect on assessment outcomes.
Results: Students initially reported notable apprehension and self-doubt, citing performance pressure, fear of inadequacy, and discomfort with being observed. Some who began the course feeling confident later recognized gaps in their clinical interviewing skills. Through repeated SP encounters and personalized feedback, learners became more self-aware and comfortable in managing psychiatric interviews. By the end of the course, participants highly valued the hands-on experience, reporting significant improvements in communication skills, empathy, and ability to manage time pressures during interviews. Feedback from the SPs also validated many of the students' existing strengths and highlighted their progress, reinforcing the learning outcomes.
Conclusions: Psychiatric interviews are complex and sensitive; SP-based simulation provides a safe, impactful method for skill development. It exposes students to diverse conditions while protecting patient safety. This approach fosters empathetic communication, active listening, and therapeutic rapport, while encouraging reflective practice through immediate feedback. Integrating SPs into psychiatry training offers a dynamic, immersive learning experience that strengthens clinical competence and preparedness for real-world psychiatry, supporting broader evidence on the value of simulation in medical education.

Disclosure of Interest: None Declared

EPP502

Nurses Resilience in Mental Health Settings: Foundation for Professional and Humanistic Care

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Introduction: Recent years in Israel have presented unprecedented emotional, professional, and national challenges, necessitating renewed examination of healthcare professionals' resilience