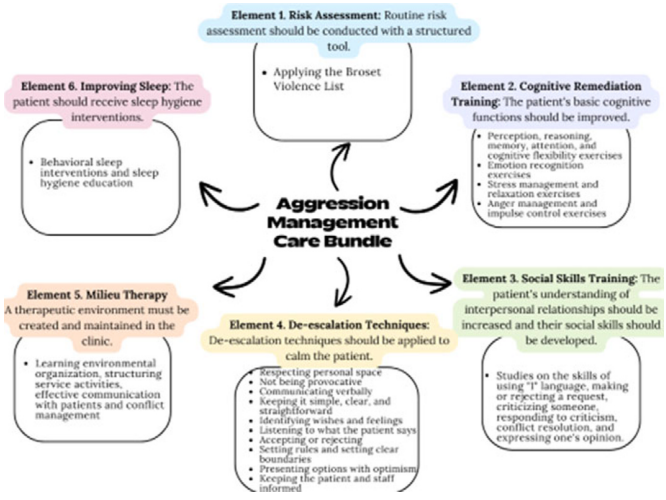
methods with alternative interventions, and their inconsistent and unsystematic implementation in clinical practice. This situation underscores the need for evidence-based aggression management strategies. The care bundle approach, designed to standardize care and improve outcomes, is a promising solution.

Objectives: This study aimed to develop a care bundle for the management of aggression in patients diagnosed with schizophrenia and receiving inpatient treatment and to evaluate its clinical outcomes.

Methods: The study was conducted in two phases. 1) the aggression management care bundle was developed by conducting a systematic literature review according to the Bundle Design Guidelines. 2) the six-element care bundle was implemented in a male psychiatric ward of a regional hospital using a sequential randomized controlled trial design, and the outcomes were evaluated (Figure 1). The study was conducted with 24 patients (12 in the experimental group and 12 in the control group). Data were collected using the Patient Information Form, Buss-Perry Aggression Scale, Brøset Violence Checklist, Overt Aggression Scale, and Care Bundle Compliance Follow-up Schedule. Data were analyzed using Pearson's chi-square test, independent samples t-test, Mann-Whitney U test, paired samples t-test, two-way ANOVA for multifactor analyses, and linear mixed model analyses for mixed models.

Results: Findings indicated a significant reduction in the experimental group's total Buss-Perry Aggression Scale score and all subdimensions following care bundle implementation (p=0,001). The control group also exhibited decreases in total aggression (p=0,007), physical aggression (p=0,001), and anger scores (p=0,001). Intergroup pre-test–post-test differences were statistically significant in favor of the experimental group (p<0,001). Although Brøset Violence Checklist scores declined over time in both groups, no significant intergroup difference was observed (p>0,05). It was found that the BVC total score, irritability, boisterous, physical threat, and attack on objects sub-dimensions were affected by daily/momentary changes, while the confusion and verbal threat sub-dimensions were affected by the patient's standard/permanent characteristics. According to the Overt Aggression Scale, aggressive incidents (control: 9, experimental: 6) and interventions applied did not differ significantly between groups (p>0,05). The care bundle demonstrated high clinical utility, with a 90,15% compliance rate.

Image 1:



Conclusions: The aggression management care bundle was found to be an effective and applicable for male patients with schizophrenia. It is recommended that the care bundle be applied to larger samples, individuals with different psychiatric diagnoses, and female patients.

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Disclosure of Interest: None Declared

E-mental Health

O110

Training Psychiatry with AI: Simulator with 100 Cases and Image-Based Multi Level Communication

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Introduction: We present a conversational-AI platform for simulation-based psychiatric training. The platform includes **100 clinically grounded use cases** across three communication-difficulty tiers (cooperative, resistant, and non-cooperative), enabling practice in adaptive questioning and de-escalation. During each interview, the system renders a **time-ordered series of simple avatar images.** When a medication is mentioned, students can open the integrated drug module to view the **package leaflet**.

Objectives: We aim to extend our conversational-AI virtual-patient platform into a comprehensive, clinically curated set of **100 psychiatry use cases**, and to examine how **graded communication difficulty** shapes learners' questioning strategies. To support presence and engagement, we added **simple avatar visuals** that depict only the patient's physical appearance. When medications arise in dialogue, an integrated **drug module** reveals the **package leaflet** enabling context-aware medication education.

Methods: Users interview a virtual patient via text or voice; a large language model (LLM) pipeline maps utterances to intents and generates guarded, diagnosis-consistent replies. The library now comprises **100** clinician-curated patient profiles derived from real cases, de-identified records, and carefully synthesised data, spanning diverse diagnostic scenarios (Fig. 1). During interviews, the system renders a simple avatar sequence to visualise the patient's physical appearance (not mental-status change). Built-in tools let learners inspect relevant physiological/clinical examinations (Fig. 2), while an embedded assessment engine evaluates adherence to ethical and methodological standards and verifies diagnostic accuracy (Fig. 3).

Results: Building on our prior pilot, where psychiatrists rated dialogue realism highly and students reported improved confidence with an average diagnostic score of ~71%, the expanded platform functioned reliably at scale with **100** curated cases. System latency remained low; trainees engaged smoothly with **three communication tiers**, and interaction logs showed expected shifts toward more targeted, clarifying questions in "so-so" and non-cooperative

scenarios. The **avatar visuals** were well-received for anchoring patient identity without implying clinical state. When medications were mentioned, learners successfully used the integrated **drug module.**

Image 1:

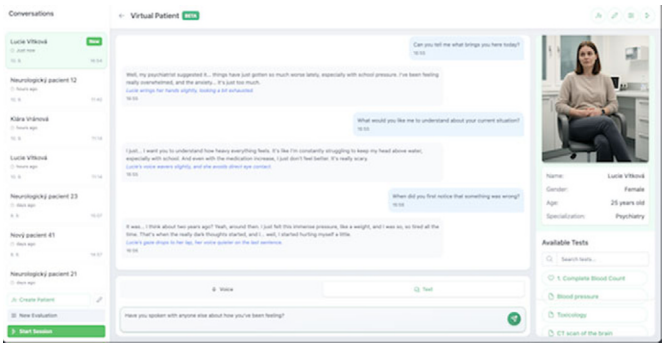


Image 2:

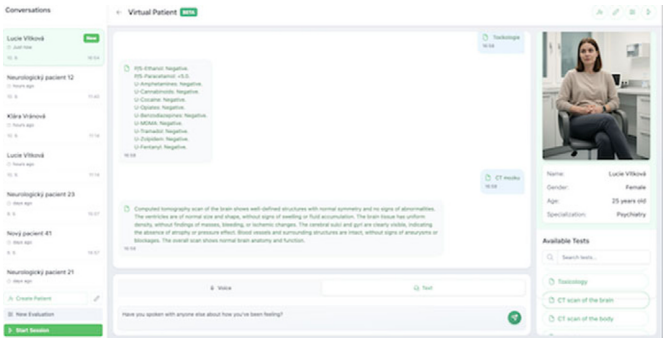
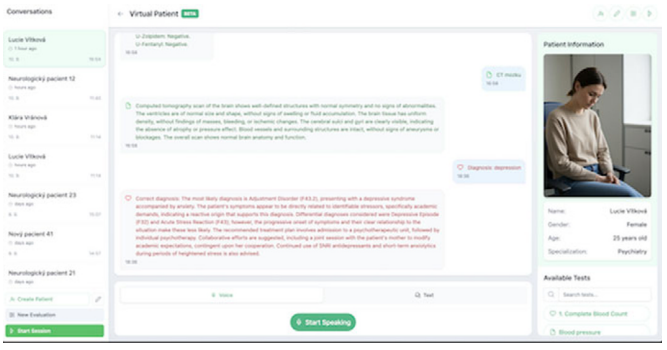


Image 3:



Conclusions: A conversational-AI psychiatry simulator with graded communication difficulty, simple avatar visuals, and an in-context drug module is feasible and well-accepted, supporting medication-safety reasoning. Interaction analytics indicate more targeted questioning as difficulty increases, while learners efficiently retrieve drug information in context. The platform is ready for curriculum integration with automated feedback and educator dashboards; comparative outcomes will be reported.

Disclosure of Interest: None Declared

Mental Health Care

O111

Quality of life in cancer patients undergoing chemotherapy: physical, psychological, and social determinants

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Introduction: Quality of life in oncology is a multidimensional construct encompassing physical, psychological, and social domains, particularly in advanced stages of disease. Cancer patients often experience pain, fatigue, and prolonged exhaustion, limiting daily functioning. Coping with the trauma of diagnosis, side effects of treatment, and maintaining psychosocial stability are crucial challenges. Supportive medical, psychological, rehabilitative, and palliative care, along with family and professional support, play a key role in improving wellbeing during chemotherapy.
Objectives: The primary objective was to assess the quality of life of cancer patients undergoing chemotherapy and to identify sociodemographic and clinical factors influencing its different domains.
Methods: A cross-sectional study was conducted among 226 oncology patients undergoing chemotherapy in the West Pomeranian Voivodeship, Poland. Data were collected using a diagnostic survey method, which included an original questionnaire and standardized Polish versions of validated research tools: the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30), the Functional Assessment of Cancer Therapy–General (FACT-G), and the Depression, Anxiety, and Stress Scale (DASS-21).
Results: Most patients received intravenous chemotherapy (83.09%), usually for less than five years and up to 20 cycles. Quality of life scores varied significantly by age, education, marital status, and residence. The patients treated for less than one year reported better physical and functional wellbeing compared to those treated for 1–5 years or more than 10 years. Higher numbers of chemotherapy cycles correlated with better social functioning but also increased dyspnea. The respondents with colorectal and breast cancer achieved higher social and functional wellbeing compared to those with bladder, cervical, or renal cancers. Commonly reported symptoms negatively affecting quality of life included pain, fatigue, irritability, and helplessness. A significant negative correlation was observed between depression, anxiety, and stress and functional/social wellbeing.
Conclusions: The chemotherapy patients reported reduced quality of life, mainly due to insomnia, fatigue, and appetite loss. Shorter treatment duration and oral regimens were linked to better