receive from mental health organisations. It should support the work of PA supervisors and peer coordinators, and those delivering education and training to them. The curriculum will be a dynamic document and work will be needed to adapt it as the role changes, for example with incoming regulation and potential prescribing rights that follow.

Modifiable Factors Influencing Emotional Intelligence Among Medical Interns

Dr Nurulhuda Mat Hassan*, Dr Norwati Daud, Dr Nik Nor Ronaidi Nik Mahdi, Dr Mohd Salami Ibrahim, Dr Yuzana Mohd Yusop and Dr Mohd Faeiz Pauzi

Universiti Sultan Zainal Abidin, Kuala Terengganu, Malaysia
*Presenting author.

doi: 10.1192/bjo.2022.139

Aims. Emotional intelligence is crucial for medical professionals. Medical interns are expected to have a high degree of emotional intelligence to face their professional career challenges. Emotional intelligence, often measured as an emotional quotient (EQ), is the capacity to recognize and regulate emotion in oneself. It enables one to monitor own feelings and emotions and others; and guide decisions and actions, and is crucial to ensure a successful work-related outcome or good performance. A higher EQ enhances physician and patient well-being, increases patient safety and augments healthcare teamwork. However, studies about EQ among medical interns are lacking. Therefore, this study intended to determine the level of EQ among medical interns in Malaysia and its associated factors.
Methods. This nationwide cross-sectional study recruited new medical interns reporting to 17 randomly selected Malaysian hospitals accredited for medical intern training from January to April 2020. They were invited to answer an online questionnaire incorporating USMEQ-i to measure EQ, Connor-Davidson Resilience Scale-10 items (CD-RISC-10) for resilience, Brief-Cope to assess coping styles, PHPQ to assess internship preparedness, DUREL for religiosity, and questions related to sociodemographic and undergraduate training.
Results. A total of 524 from 619 medical interns responded. Mean (SD) EQ score was 3.08(0.58). Significant factors positively associated with EQ include resilience score (adjusted b = 0.65, 95% CI 0.58, 0.72, p <0.001), preparedness for internship (adjusted b = 0.11, 95% CI 0.09, 0.13, p < 0.001), approach-style coping (adjusted b = 0.17, 95% CI 0.11, 0.24, p <0.001), and religiosity (adjusted b = 0.09, 95% CI 0.01, 0.17, p <0.001). In contrast, avoidant-style coping (adjusted b=−0.19, 95% CI −0.28, 0.11, p <0.001) is negatively associated with EQ. Adjusted R2 of 67.6% substantiated the goodness of fit of the regression model.
Conclusion. This study showed that there are a few modifiable factors that significantly influence EQ among medical interns; namely resilience, coping style, preparedness for internship, and religiosity. There is a positive association between EQ and approach coping style, and a negative relationship with avoidant coping. Approach coping encapsulates constructive responses to stress such as positive reframing, acceptance, seeking helpful information, and reaching for emotional support, while avoidant coping includes self-distraction, denial, venting, substance abuse, behavioural disengagement, and self-blame. These significant factors in this study such as coping and resilience can be learned and taught as a skill. These findings will aid medical schools to design programmes and improve the medical education to increase EQ among medical students who will become better medical interns and doctors in the future.

A Peer Supervision Pilot Scheme

Dr Laura Middleton[1]*, Dr Jag Johal[1] and Dr Geraldine Swift[2]

[1]Health Education England North West School of Psychiatry, Liverpool, United Kingdom and [2]Cheshire and Wirral Partnership NHS Foundation Trust, Chester, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.140

Aims. Following mixed feedback from Foundation (FY) trainees during their Psychiatry placements, Cheshire and Wirral Partnership NHS Trust introduced a pilot scheme whereby FY and General Practice (GP) trainees were paired with a current Psychiatry Core Trainee (CT). This was in addition to regular Clinical Supervisor meetings with weekly self-directed sessions encouraged. Suggestions included covering portfolio requirements or facilitating joint learning. The study aimed to improve FY/GP experience through increased learning and relationship-building opportunities. It equally offered leadership experience for CTs and development of supervision skills. Feedback gathered from the initial pilot would highlight difficulties and guide future peer supervision schemes.
Methods. All FY/GP trainees allocated to the Trust from April–August 2021 were included. CTs were included by default but given the option to opt-out (opt-out policy). Pairings were made based on locality where possible (group sizes ranging from 2 to 3) and an initial supervisor training session was provided by the Director of Medical Education. Online feedback surveys were sent to all participants at baseline and after the pilot.
Results. 44 doctors were included in the pilot scheme, of which 26 completed the pre-pilot survey and 16 completed the post-pilot survey. Expected personal benefit prior to the scheme averaged 7.1/10, where 10 was deemed "extremely helpful" and 1 "not at all". Following the scheme, experienced personal benefit was valued at 4.7/10. Reported benefits of the scheme were friendship, support and learning, although around a third described no benefit whatsoever. The most common problem encountered was that of being unable to meet and was seen in almost half of cases, with detailed feedback citing rota clashes or working on separate sites. Other problems included poor engagement and feeling the pairing was a poor match. Written feedback stated that the scheme was a good idea and well-supported, however there were challenges with its execution.
Conclusion. Response rates were low throughout but particularly in the post-pilot survey, limiting interpretation. Overall, final scores did not appear to reflect initial optimism. The next cycle will include only CTs who have requested to be involved (opt-in policy), to establish whether this improves engagement. It will additionally incorporate a mid-point review to highlight and address issues at an earlier stage. The scheme is due to be repeated in 2022 and re-evaluated.

An Evaluation of the Impact of Psychiatry-Based High-Fidelity Simulation Training for Undergraduate Medical Students in the West Midlands

Dr Sambavi Navaratnarajah[1,2]*, Dr Helen Wheeldon[1,2], Dr Amanda Brickstock[1,2] and Dr Emma Barrow[1,2]

[1]Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom and [2]University of Birmingham, Birmingham, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.141

Aims. Simulation (sim) is an excellent but underused tool suited to key skills in psychiatry such as communication, managing

https://doi.org/10.1192/bjo.2022.140 Published online by Cambridge University Press