

Conclusions Initial design of the requisite EPAs requires value judgments by trainers and trainees alike on what represent core units of work. EPAs can contribute directly and more meaningfully to ARCP progression decisions.

Recommendations Inclusion of the required level of supervision as part of SLE feedback enables future decisions on meeting performance standards.

Trainee/trainer Interaction in this educational process.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.175>

EW0562

Developing a specialised debrief model for simulation training in psychiatry

C. Attoe*, L. Valdearenas, S. Cross

South London & Maudsley NHS Foundation Trust, Maudsley

Simulation, London, United Kingdom

* Corresponding author.

Introduction High fidelity simulation training has a rich history in medical education. However, simulation as an education tool in psychiatry has been underused and neglected. More recently, clinical educators have begun to harness the potential of simulation in psychiatry, with increased usage at under- and postgraduate levels. An essential element of simulation training is the debrief that takes place with participants and observers following simulated scenarios. Current practices in simulation for psychiatry often rely on debrief models primarily designed for non-psychiatry training.

Aims and objectives This project aimed to develop a specialised debrief model for simulation training in psychiatry.

Methods The research team undertook a thorough literature search to identify existing approaches to simulation debriefing, and key theoretical constructs. Clinical educators from psychiatry and non-psychiatry disciplines were invited to attend focus groups to explore the use and key elements of structured and reflective debriefs in simulation. Focus groups were transcribed and analysed using thematic analyses.

Results Literature searching identified various debrief models that have been used in psychiatry and non-psychiatry disciplines. Pertinent educational theory was highlighted, such as experiential learning and adult learning. Focus groups highlighted adaptations required to tailor a debrief model to simulation in psychiatry, such as the containing of emotions and use of didactic sessions.

Conclusions Findings identified key differences between debriefing simulated scenarios in psychiatry compared to non-psychiatry. These findings have been used to develop a preliminary debrief model for simulation in psychiatry.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.176>

EW0563

Psychiatry trainee burnout in the United Kingdom: The BoSS study

J.N. Beezhold^{1,*}, K. Beezhold¹, A. Malik², G. Lydall³,

A. Podlesek⁴, N. Jovanovic⁵

¹ Norfolk and Suffolk NHS Foundation Trust, Mental Health Liaison, Norwich, United Kingdom

² Innerhour, Innerhour, Mumbai, India

³ HSSD, General Psychiatry, Guernsey, United Kingdom

⁴ University of Ljubljana, Department of Psychology, Ljubljana, Slovenia

⁵ Queen Mary University of London, Unit for Social and Community Psychiatry, London, United Kingdom

* Corresponding author.

Introduction Burnout syndrome is defined by three domains: emotional exhaustion, cynicism and reduced professional efficacy. Junior doctors have a high susceptibility to burnout reflected in the high prevalence identified in previous work. This is a significant issue as burnout has measurable effects on work performance. There has been limited research conducted on burnout in psychiatry trainees in the United Kingdom.

Aim This paper takes a step towards addressing this gap by extracting the data concerning UK psychiatric trainees collected in the international burnout syndrome study (BoSS), which aimed to assess the prevalence and contributing factors of burnout among psychiatric trainees from over 20 countries, and presenting the findings concerning UK trainees.

Method Data collected included demographic data and information related to working hours, bullying, harassment and stalking, supervision, suicidal ideation, depression (PHQ-9), and a personality trait assessment. Burnout syndrome was measured using the Maslach burnout inventory (MBI-GS). A total of 3964 psychiatry trainees in the UK were invited, of which 1187 (30%) responded including 811 (20%) providing complete responses for MBI-GS.

Results The mean age was 33 years, and 49.1% of respondents were male. Gender distribution of participants was the same as non-participants. Mean scores were 2.6 for exhaustion, 2.1 for cynicism and 4.5 for professional efficacy; and severe burnout was found in 309 (38%).

Conclusion Three factors were positively associated with severe burnout: long working hours, lack of clinical supervision and not having regular time to rest.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.177>

EW0564

Working hours of United Kingdom psychiatric trainees: Findings from the BoSS study

J.N. Beezhold^{1,*}, K. Beezhold², G. Lydall², A. Malik³, A. Podlesek⁴, N. Jovanovic⁵

¹ Norfolk and Suffolk NHS Foundation Trust, Mental Health Liaison, Norwich, United Kingdom

² HSSD, General Psychiatry, Guernsey, United Kingdom

³ Innerhour, Innerhour, Mumbai, India

⁴ University of Ljubljana, Department of Psychology, Ljubljana, Slovenia

⁵ Queen Mary University of London, London, United Kingdom

* Corresponding author.

Introduction The international burnout syndrome study (BoSS) examined burnout in psychiatry trainees and associated factors. Long working hours were significantly associated with burnout.

Aims A high rate of severe burnout in UK psychiatric trainees (38%) was found in the BoSS study. This paper looks at the working hours of UK trainees.

Methods Data collected during the BoSS study included information related to working hours, looking in particular at the working time directive rules. A total of 3964 UK psychiatric trainees were invited to take part, of which 1187 (30%) responded, and 811 (20%) provided complete responses for working hours questions.

Results The mean age was 33 years, with 49.1% males and equal gender distribution of participants and non-participants. The mean hours of contracted work per week were 42.7 (42.2–43.2) for men, versus 41.1 (40.4–42.0) for women. Actual hours worked were significantly higher at 46.2 (45.0–47.4) for men and 46.0 (44.9–47.1) for women. Forty-six percent of trainees breached one or more working time directive (WTD) safety limits.

Conclusion Actual hours worked among psychiatric trainees in the United Kingdom are about 10% higher than contracted hours. Female trainees also work more uncontracted hours than male