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Introduction: Psychiatry training programs vary in the degree to which they offer trainees with an opportunity to get involved in research. Exposure to research during the training period is critical, as this is usually when trainees start their own scientific research projects and gain their first experiences in academic publishing.

Objectives: We present the European Journal of Psychiatric Trainees (EJPT) (ejpt.scholasticahq.com), the official journal of the European Federation of Psychiatric Trainees (EFPT), including its scope, mission and vision and practical considerations.

Methods: Reflecting on the foundation and operation of the European Journal of Psychiatric Trainees.

Results: The European Journal of Psychiatric Trainees is an Open Access, double blind peer-reviewed journal which aims to publish original and innovative research as well as clinical, theory, perspective and policy articles, and reviews in the field of psychiatric training, psychiatry and mental health. Its mission is to encourage research on psychiatric training and inspire scientific engagement by psychiatric trainees. Work conducted by psychiatric trainees and studies of training in psychiatry are prioritized. The journal is open to submissions, and while articles from psychiatric trainees are prioritized, submissions within scope from others are also encouraged. The article processing fee is very low and waivable. It is planned to publish two issues yearly.

The first article was published in July 2022, titled “Fluoxetine misuse by snorting in a teenager: a case report” and it received 218 views as of 17 October 2022, which confirms the journal’s potential for visibility.

Conclusions: The European Journal of Psychiatric Trainees is a non-profit initiative designed to offer psychiatric trainees a platform to publish and gain experience in publishing. Thanks to its robust double blind peer reviewing system, it has the potential to contribute to scientific excellence.

Disclosure of Interest: None Declared

EPV1091

Is Personality Disorder Madness? A Qualitative Study of the perceptions of Medical Students in Somaliland

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Introduction: Patients with borderline personality disorder are often a challenge to the mental health system. Psychiatrists see people with BPD as manipulative, difficult to manage, annoying,

unlikely to arouse sympathy, clinicians hold negative attitude towards personality disorder.

As the next generation of doctors, medical students’ perception of patients with personality disorder (PD) is critical.

Yet a systematic review of the literature shows this has not been studied.

Objectives: The study aims to identify :

1) the understanding and perception of medical students about PD
2) factors that may relate to this knowledge and perception.

Methods: A focus group discussion (FGD) was conducted with eight medical students in their sixth year at Amoud University, Somaliland.

A case vignette of a patient with typical Borderline PD symptoms was presented to stimulate discussion. Barts Explanatory Model Inventory (BEMI) was used to explore the issue.

The FGD was conducted via MS teams, recorded, transcribed, translated and thematically analysed

Results: The Medical students showed reasonably accurate knowledge regarding Borderline PD, recognising features of unstable mood, impulsiveness, and emptiness. Of note half the participants believed religious intervention would be helpful “*I believe in Islam. So, basically so to some degree it could be managed in certain religious centers*”. Importantly, medical students, when asked to divest of their professional identity, and to describe their personal views associated PD with madness.

Conclusions: The views of PD as ‘madness’ and that religious intervention has a role have important implications for training and service development.

The importance of a culturally sensitive training to Medical students regarding PD to match local cultural and religious views, and consideration of development of health services which are sensitive to religious practice is highlighted.

We recommend including social and cultural implications in the training of medical students to better prepare them for the complexity of managing PD.

Disclosure of Interest: None Declared

EPV1092

Psychiatry residents’ perceptions of competence acquisition, training programme compliance and clinical supervision in the Spanish psychiatry training system

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Introduction: There are differences in the training curricula of medical specialists in different countries. The opinion of the doctors in training on how they acquire competencies and carry them out is of great importance. In our case, we asked ourselves what were the perceived shortcomings in psychiatric training.

Objectives: The main objective of the study is to describe the opinion of psychiatry residents in Spain on the acquisition of competencies, compliance with the training programme and quality of clinical supervision.

Methods: This is a descriptive, cross-sectional, mixed (quantitative and qualitative) study. Based on previous bibliography and the ministerial order of the official training programme, an online survey was prepared, which was disseminated telematically through the residents' representatives of the National Commission of the Speciality of Psychiatry of the National Council of Health Sciences Specialities.

Results: A total of 109 responses were obtained, with representation from all the Autonomous Communities of Spain. Graph I shows the opinion of the psychiatry residents as to which competencies they feel are less developed at present, with the competencies related to psychotherapy standing out in first place with great importance. In terms of compliance with the training programme, the parameter most in line with what was established was the average number of shifts, with an average of 4.26 shifts per month. However, 11.7% of residents do not take compensatory rest after on-call duty as required by law. Moreover, the rotation times established by the BOE are not complied with in 38.5% of the hospitals. With regard to the rotations that the residents feel should increase their rotation time, the child and adolescent psychiatry and dual pathology rotations stand out (graph II). Finally, with regard to the supervision process, only 22.90% of first-year residents are always supervised in person during their rotations (graph III).

Image:

Image 2:

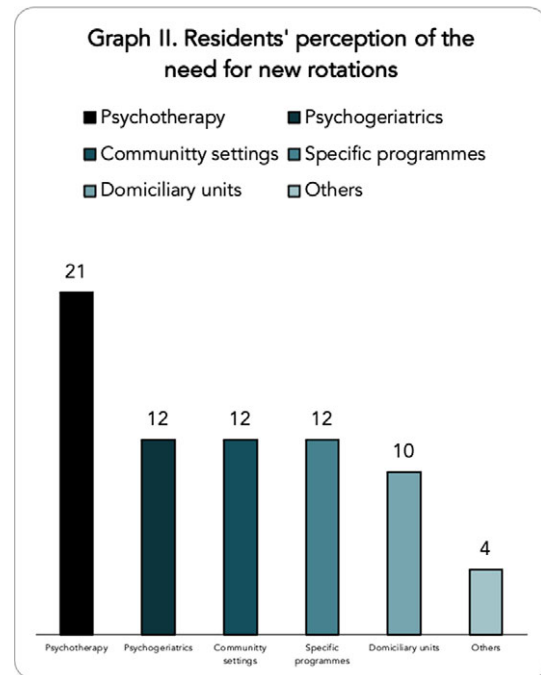
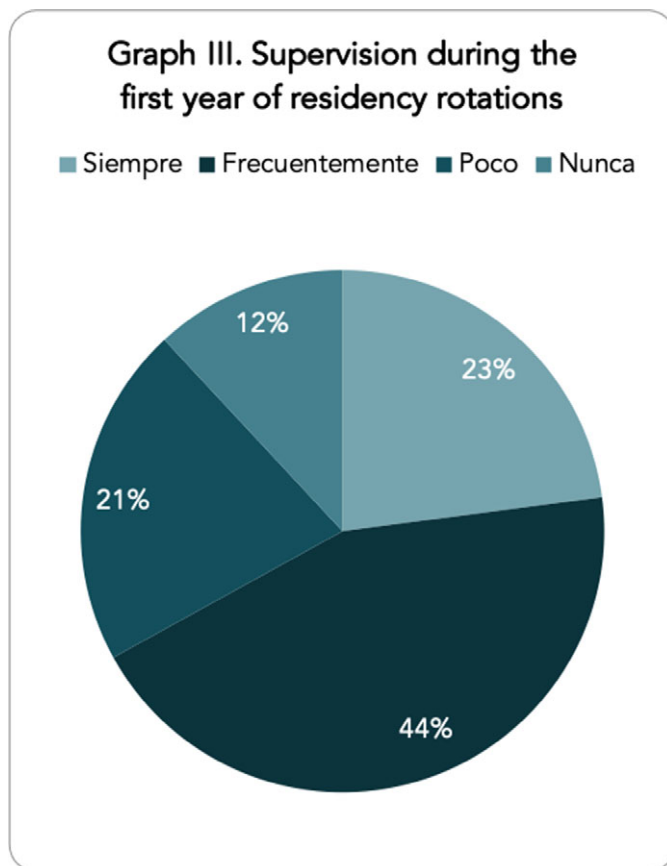
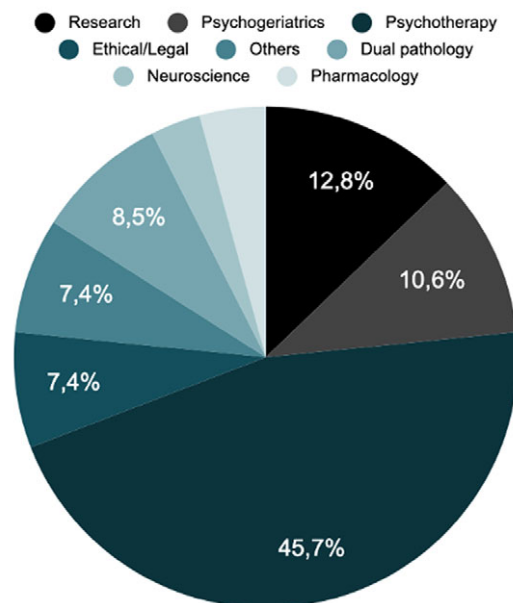


Image 3:



Graph I. Residents' perceptions of the competences most in need of improvement



Conclusions: Our study reflects the belief on the part of the resident physicians that further training in psychotherapy (45.7%), psychogeriatrics (10.6%) and dual pathology (8.5%) would be necessary. The fact that only 11.7% of the participants stated that they did not take compensatory rest after on-call duty seems to us to be an improvement over what was initially expected. There are other less reassuring data, such as the fact that only 22.9% of first-year residents report having continuous supervision. We consider that the results found follow the trends observed in studies carried out in residents from other countries. We stress the need to carry out a greater number of studies with a broad population base in which to find the failures that psychiatry residents themselves perceive in their training.

Disclosure of Interest: None Declared

EPV1093

Breaking bad news in Medicine : Tunisian Trainees' feelings

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Introduction: The announcement of bad news to patients is a challenging task for physicians.

Objectives: The aim of our study is to evaluate the impact of a simulation experience of telling bad news to patients on Tunisian medical trainees.

Methods: A prospective and multicenter study was conducted in two different hospitals in Tunisia. The duration of the study was two weeks. Pre-prepared questionnaires evaluating the impact of a simulation experience of the announcement of a critical illness diagnosis were handed to trainees enrolled in the faculty of Medicine in Tunis.

Results: Forty trainees were included in the study. Average age was 28,1 years old with a feminine predominance (75%). Thirteen trainees role-played the clinician announcing the bad news. The median duration of the simulated interview was eight minutes. During the moment of the diagnosis announcement, twelve trainees reported feeling stressed, 6 of them felt uncomfortable and 7 felt empathic. Five trainees were in difficulty, two felt at ease and two felt neutral. During the whole interview, all the trainees reported they felt stressed and uncomfortable. Regarding their feelings at the end of the interview, only two reported they felt relieved at the end of the interview. Three trainees felt angry with themselves. Two felt angry with the patient or his family members. Eight felt upset and four were in tears. Four reported having no feelings.

Conclusions: Telling bad news is a difficult moment in daily practice. Special trainings need to be implemented in the medical education program in order to prepare future doctors to this task.

Disclosure of Interest: None Declared

EPV1094

Relevance of Group Training for Psychiatrists: an Experiential-Strategic model.

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Introduction: There are many stressors that lead to burn out and decrease the quality of life of health professionals as a whole and it occurs also to trainee psychiatrists.

Training programs rarely include specific interest in the personal self of students even if they begin to deal with severe human suffering.

Authors present a model of experiential group training in psychiatry that is centred on the person/trainee at the very most.

Objectives: The aim is to focus on unsolved emotional needs of students to allow them to achieve the capacity of relationship with patients. It is not a mere application of empathy but a truth overcoming, for trainees, of major risks of collusion due to reflection of individual conflicts into the patients and/or due to the encounter with strong emotion during clinical training.

Methods: The model is Experiential because it is the space for personal expression and it is Strategic because it is born inside the strategic group training in psychotherapy (Battuello *et al.* *Psichiatria e Psicoterapia* 2022; 41, 2, 65-82).

The conductor of the group carries on her/his skin the experience of own training group, to be brought into the trainees' one.

This is an original approach because the epistemology of the model came directly from the experience.

The group is led by a psychotherapist that plays an active part inside the process instead of being only a facilitator.

The main focus is to allow students to express themselves that includes various steps such as: tuning with their own experiences/emotions, freedom of expressing them to the group, active listening to the other and response to the same other even when feelings don't resonate but instead are divergent.

This phase is related to the conductor's participation that is totally immersed into the group bringing personal feelings, stories and emotions to create an undifferentiated space, free from hierarchical roles.

During a second period, students can access a more mature relational capacity that carries the group to a phase of individuation of the self that also engages professional issues.

Results: Students in the group question themselves: it is the root of every health professional that has to explore and overcome personal relational issues. Only after the expressiveness phase, as authors name this part of the training, an individuation phase is truly possible that leads to the definition of the professional.

Conclusions: The training group is necessary for students to explore the wider range of emotions, expressing personal ones, accepting others', experiencing the tolerance to their frustration,