

Anxiety and Stress Scales and other questions about internet use. Chi-square and Mann-Whitney tests were performed using SPSS.

Results: Individuals with high levels of GPIU (median+2SD; n=18; 3.8%) spent significantly more time/day in online activities, exceeding what they have planned; had no other hobbies and used social networks to meet friends; reported that GPIU interfered with affective/work relationships and academic performance (all $p<.05$). There were no significant differences in the purposes of the internet use (e-mail, social networks, shopping, videogames, multimedia, sexual, work...), unless for general information searching and betting games (both $p<.05$). High-PGIU group also presented significant higher levels of neuroticism, negative (but not positive) perfectionism, depression, anxiety, and stress (all $p<.001$).

Conclusions: Our results indicate that unlike the purposes of internet use, personality, perceived interference and the associated cognitive-emotional processes and symptoms (psychological distress) may help distinguishing between functional vs. dysfunctional internet use. Considering the preponderance of processes over contents and the presence of certain dimensions, such as perception of uncontrollability, interference and social isolation we add more evidence to consider PGIU as falling within the spectrum of impulsive-compulsive disorders.

Conflict of interest: No significant relationships.

EPP1352

Burnout's in young doctors: Prevalence, socio-demographic and psychological associated factors

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Introduction: Burn-out is quite common in hospitals especially among young doctors. It results from a mismatch between expectation and professional reality.

Objectives: To determine the prevalence of severe burnout and to identify its associated socio-demographic and psychological factors among young residents.

Methods: Analytical and descriptive cross-sectional study conducted among residents and interns working at the Hedi Chaker and Hbib Bourguiba University hospital in Sfax, Tunisia, during the month of July 2019. The characteristics of the participants were collected using a questionnaire. Burnout was evaluated using the Maslach Burnout Inventory (MBI) differentiating 3 components: emotional exhaustion, depersonalization and lack of personal achievement.

Results: Out of 85 questionnaires disturbed, 60 were selected corresponding to a response rate of 72.94%. The sex ratio (M/F) was 0.87. The middle age was 28.22. Forty three percent of the participants were married. More than half consumed tobacco and 45% of them consumed alcohol. The majority of doctors were residents (81.7%). The average working time was 55 hours per week. Burn-out was severe in 30% of our population. Furthermore, doctors who suffered from physical aggression ($p=0.001$) were more likely to develop severe burn-out. The dissatisfaction with the internship ($p=0.01$) and the feeling of do not satisfy seniors ($p=0.02$) were statistically associated with severe burnout. Severe burn-out was associated with anxiety ($p=0.0073$), conflictual partnership

($p=0.0001$), conflicts with colleagues ($p=0.001$) and the paramedical framework ($p=0.0001$)

Conclusions: The risk of burn-out is quite high among young doctors. Some factors seem to be associated with this phenomenon. This could affect not only the quality of life, but also the quality of care provided.

Keyword: burnout-young doctors-prevalence-associated factors

EPP1354

An integrated addictions nursing subspecialty to expand the opioid use disorder and substance use disorder workforce

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Introduction: In the U.S. approximately 11.4 million misused prescription pain relievers; 2.1 million had an OUD in 2017. The Addictions Nursing Subspecialty was created to address this epidemic by expanding a workforce trained in OUD/SUD screening, treatment, and prevention. A curriculum was developed that included integrated/telehealth health care settings in medical and mental health provider shortage areas during their last nine months of training. Courses were developed and taught by an interprofessional team of university faculty and informed by evidence-based guidelines/clinical competencies for effective OUD/SUD screening/prevention, assessment, treatment, and recovery. Courses were also offered as electives for nursing, clinical-counseling, social work, and other health science disciplines emphasizing an interdisciplinary approach to healthcare.

Objectives: Expand the OUD/SUD trained workforce in areas with high OUD/SUD mortality rates and high mental health provider shortages emphasizing team-based integrated care and telehealth settings.

Methods: Program curriculum was informed by evidence-based guidelines/clinical competencies for effective OUD/SUD screening/prevention, assessment, treatment, and recovery using integrated care. Competencies included: Core Competencies for Integrated Behavioral Health and Primary Care that have been set forth by the Center for Integrated Health Solutions, telehealth competencies outlined in the recommended competencies by the National Organization of Nurse Practitioner Faculties (NONPF), and Core Competencies for Addictions Medicine by the American Board of Addictions Medicine.

Results: Approximately 11 students enrolled in courses received addictions integrated/telehealth health care settings. Students responded positively to evaluations regarding timely feedback, unique approach (i.e. interactive content, short videos and discussions).

Conclusions: The Addictions Nursing subspecialty will continue to be offered allowing enrollment for nurses twice a year.

Keywords: Integrated; Opioid; Substance use; addictions