

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.

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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,

and emerging as professional, that is, in few words, professional of the relationship, the key and the basement of the psychiatrist. The training in mental health should include, at first, the taking care of the person/student as it is proposed by authors inside the group model.

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EPV1095

Negative attitudes and lack of Knowledge towards mental health problems

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Introduction: Negative thoughts towards mental illness are a global problem for health care professionals. Mainly it leads to late help seeking which aggravates the prognosis of the problem, denial of this situation, refusing long term medication etc....

Objectives: We aim to identify the determinants leading to negative attitudes towards psychiatric problems among medical students.

Methods: This is a descriptive and analytical cross-sectional study conducted at the Faculty of Medicine of Sfax through an anonymous questionnaire via google Forms. The degree of stigmatization was evaluated by the score « The Attribution Questionnaires AQ-27 ».

Results: One hundred and seven students completed the questionnaires. The Sex-ratio was 0.30 (M/F). The percentage of first- and second-year students was 24.42%, third to 6th year students was 34.57% and residents was 41.01%. Students with a personal history of psychiatric disorders presented 45.8% of our population and those with a family history of mental health problems 40.2%. Medical students who studied psychiatry as a discipline and students who had internship in the psychiatry department (third to 6th year students and residents) had lower scores of the Attribution Questionnaires AQ-27 ($p=0,003$ and $p=0,002$ respectively). Sixty per cent of the students reported that spreading listening cells when needed, media coverage of mental illness and campaigns of awareness can help us reduce mental disease's related stigma.

Conclusions: To conclude, in order to lower rates of stigmatization of mentally sick people, spreading awareness among medical students can be an important tool in order to understand this situation and to provide a better health care.

Disclosure of Interest: None Declared

EPV1096

Fish Out of Water: Junior doctors' experiences of psychiatry.

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Introduction: This poster will explore the experiences of three junior doctors during their inpatient psychiatry placements. These doctors are Foundation Year 1, Foundation Year 2, and Foundation Year 3 doctors - i.e. not psychiatry trainees.

Objectives: Due to the nature of the UK Foundation Programme, many FY doctors will not have chosen to work in psychiatry and will have been given the rotation as part of a package of jobs. Studies have shown that the risk of burnout is higher when a doctor working in psychiatry did not identify it as their top career choice (Jovanović, N. *et al.* (2016) *European Psychiatry*, 32, pp. 34–41). Lack of supervision is also a risk factor for burnout (Jovanović, N. *et al.* (2016) *European Psychiatry*, 32, pp. 34–41).

A phenomenological study (Beattie, S. *et al.* (2017) *BMJ Open*, 7(9)) demonstrated that job satisfaction and morale amongst junior doctors in psychiatry can be positively influenced by a sense of connectedness, clear role definition, structure and appropriate responsibility. Additionally, junior doctors' experience of psychiatry, positive or negative, can influence their future career plans (Stott, J., Haywood, J. and Crampton, P. (2021) 43(10), pp. 1196–1202); this has important implications for recruitment into the specialty.

Methods: Three junior doctors were interviewed. These consisted of two Foundation Year doctors, and one doctor who has completed FY2 but is working as a locum and not currently in training. They were asked about memorable experiences during their psychiatry placements. Additionally, they were asked about their emotions regarding work at the very start of their placements and towards the end.

Results: The junior doctors that participated in interviews for the poster initially found the psychiatric inpatient setting challenging and overwhelming. Some of the challenges focused on the occasionally violent and risky nature of the ward and adjusting to that environment. However, all three doctors were pleasantly surprised by the way they adapted to the ward, the supportive nature of the team, and the rewarding experience of seeing very unwell patients get better.

Conclusions: Overall the interviews demonstrated that there is a significant emotional impact on junior doctors working in psychiatry, particularly when it is their first experience of in-patient psychiatry. However, this emotional demand can be mitigated by a supportive multi-disciplinary team and good quality supervision.

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EPV1097

Tunisian medical students' attitudes and views of psychiatry:

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Introduction: According to the World Health Organization (WHO), there is a chronic shortage of psychiatrists on a global scale. In Tunisia, we only have 287 psychiatric specialists, the equivalent of 0,23 per 10 000 habitants in 2017. There is a strong