

cialty. If the exam is passed, that person receives a number result of his academic record during university and test result. The number indicates the order of election, so number 1 chooses specialty and hospital first and so on. The Spanish healthcare system offers between 220 and 250 places to start the Specialty of Psychiatry in 121 hospitals across Spain.

Methods We designed a semi-structured questionnaire with 30 questions specific for the purpose of this work. The questionnaire was spread by social networks and email to reach as many medical doctors undertaking postgraduate training in psychiatry as we could.

Results One hundred and thirty people responded to the questionnaire. Fifteen were not psychiatry trainees. We obtained information from 80 hospitals (66%). Thirty-three hospitals (41%) have specific training in psychotherapy. Sixty-nine (86%) apply electroconvulsive therapy regularly. Teaching during training is given together with psychologists and nurses in 36 hospitals (45%), with psychologists in 32 (40%), only psychiatry trainees in 12 (15%). Psychiatry trainees do general emergency guards in 62 hospitals (77%).

Conclusion At the moment of writing this, the guide has been consulted by 14,600 people and visited over 40,000 times. This guide may help medical students to discover Psychiatry Training and to choose the best hospital that fits their interests.

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EV1497

EMDR training's for Bosnia and Herzegovina mental health workers resulted with seven European accredited EMDR psychotherapists and one European accredited EMDR consultant

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Introduction Bosnia-Herzegovina (BH) citizens, affected by 1992–1995 war, developed serious mental health posttraumatic consequences. Their needs for EMDR (eye movement desensitisation and reprocessing) treatment increased. The Humanitarian Assistance Programmes UK & Ireland (HAP) work in partnership with mental health professionals in Bosnia-Herzegovina (BH) from 2010.

Objectives We aim to build a body of qualified and experienced professionals who can establish and sustain their own EMDR training.

Method Authors described educational process considering the history of idea and its realization through training levels and process of supervision which was provided from the Humanitarian Assistance Program (HAP) of UK & Ireland with non profit, humanitarian approach in sharing skills of EMDR to mental health therapists in BH.

Results The trainers from HAP UK & Ireland completed five EMDR trainings in BH (two in Tuzla and three in Sarajevo) for 100 recruited trainees from different BH health institutions from different cities and entities in BH. To be accredited EMDR therapists all trainees are obliged to practice EMDR therapy with clients under the supervision process of HAP UK&Ireland supervisors. Supervision is organized via Skype Internet technology. Up today seven trainees completed their supervision successfully and became European Accredited EMDR Psychotherapists, one of them became European Accredited EMDR Consultant.

Conclusion Five training of Bosnia-Herzegovina mental health workers to effectively use EMDR with enthusiastic help of EMDR trainers from HAP UK&Ireland resulted with seven European accredited EMDR psychotherapists, and one of them became European accredited EMDR consultant. This will increase psychotherapy capacities in postwar BH.

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Surviving psychiatry on-calls

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Introduction Out of hours, there is only one on-site junior doctor. First year psychiatry trainees (CT1s) and GP trainees may have no prior experience in psychiatry. On-call shifts are therefore potentially daunting for new trainees.

Objectives Expand the resources available for trainees when on-call.

Methods We issued questionnaires to CT1s asking if they would have appreciated more information about on-call scenarios and in what format.

Based on the questionnaire results we implemented some changes. These were:

– a printed “pocket-guide” summarising common on-call scenarios;

– a training video on common on-call scenarios.

The handout was given to new trainees in February 2016 and in August 2016. The video was shown to new trainees in August 2016. Trainees provided feedback on the resources.

Results Of 24 CT1s, 15 (63%) were “neutral” or “disagreed” that they had felt prepared for on-calls.

CT1s wanted additional resources, especially a paper handout or phone download.

Feedback on the “pocket-guide” from trainees in February 2016 ($n=8$) was positive (62.5% reported increased confidence in on-call situations). Feedback is also being collected from trainees who received the guide in August 2016.

Trainees in August 2016 ($n=36$) liked the video – no trainees “disagreed” with statements asking if the video had been useful.

The video improved the confidence of trainees about on-call situations by an average of 2.8 points.

Conclusions We have expanded available resources relating to on-calls and improved confidence. Further improvements would include making resources more easily available in downloadable formats.

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