

Introduction: Becoming a psychiatrist, clinical psychologist or psychotherapist involves a complex set of skills that require extensive training. Clinical practice development and professional and personal identity formation are closely intertwined and continue throughout one's career. Individual and environmental factors influence dropout. The beginning stages of training are incredibly challenging for trainees and can be a time of vulnerability as they face early professional hurdles. We propose that certain educational factors, such as inadequate practical training and insufficient emotional support during professional dilemmas, play a crucial role in manifesting burnout or other symptoms, potentially leading to stagnation in one's career.

Objectives: The main objective of our study is to identify causes of disruption and/or discontinuation of the training/residency programs in psychiatry, clinical psychology, and psychotherapy. Our study also aims to highlight the causes of chronic exhaustion among trainees in mental health professions.

Methods: The research team has developed a comprehensive questionnaire including two validated psychometric scales, the Effort-Reward Imbalance Questionnaire (ERI, Siegrist *et al.* Soc Sci Med 2004; 58 1483-99, Salavecz *et al.* J Men Psychosom 2006; 7 231-246) and the Mental Health Test (MHT, Vargha *et al.* J Men Psychosom 2020; 21 281-322). A quantitative analysis (Braun *et al.* Qual. Res. Psychol. 2006; 3 77-101) will be performed on the responses, following which interviews will be conducted with previous volunteers who participated in the study. The interviews will be evaluated through content analysis. Our survey is prepared with the involvement of all significant training centers in Hungary. The study was approved by the United Ethical Review Committee for Research in Psychology (EPKEB, approval numbers: 2021-109, 2023-101).

Results: The participants' main characteristics and the questionnaires' results will be summarized with standard statistical methods, while the interviews will be analyzed with the help of qualitative methods.

Conclusions: Based on the results of the described study, we aim to investigate the educational system's impact on the career development and commitment of psychiatrists, psychologists, and psychotherapists in Hungary. Additionally, the research will yield valuable perspectives on how these factors affect the mental well-being of these professionals. Ultimately, the results could help address areas of concern and improve mental health professionals' training.

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EPV1090

Perceived stigma evaluation among residents in psychiatry

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Introduction: The nature of psychiatry as a specialty dealing with mental health and emotional well-being may contribute to the

perceived stigma. These misconceptions and biases can impact the way psychiatry residents perceive their profession, their own self-esteem, job satisfaction, and overall well-being.

Objectives: Our goal was to evaluate the experience of stigma among psychiatry residents.

Methods: A descriptive cross-sectional online survey was conducted in January 2022 among psychiatry residents at Hedi Chaker University Hospital in Sfax, Tunisia.

The Clinician Associative Stigma Scale (CASS) was used to assess stigmatization experiences.

Results: A total of 34 residents participated in this survey. Their average age was 27.94 years \pm 2.43, with 91.2% being female. Of the participants, 61.8% were adult psychiatry residents, and 39.2% were child psychiatry residents. Additionally, the choice of adult psychiatry or child psychiatry specialty was self-determined in 91.2% of cases. The participants had an average of 2 years of experience in psychiatry. They reported a personal medical or surgical history, a personal psychiatric history, and a family history of psychiatric disorders in 32.4%, 8.8%, and 50%, respectively. The average CASS score was 47.09 \pm 8.32.

The mean scores for the "discomfort with disclosure" factor, the "stereotypes about mental health professionals" factor, the "negative stereotypes about individuals with serious mental illness" factor, and the "negative stereotypes about effectiveness" factor were respectively 8 \pm 3, 9.44 \pm 2.57, 15.62 \pm 5.7, and 11.35 \pm 3.33.

Conclusions: Our study highlighted that residents in psychiatry suffered stigma. Special attention should be given to reducing this phenomenon in this population.

Disclosure of Interest: None Declared

EPV1091

Professional quality life of psychiatry residents in Tunisia

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Introduction: The professional quality of life for psychiatry residents is a complex and multifaceted aspect of their careers. However, the demanding nature of their work can place significant stress on their own psychological well-being. Balancing the need to care for patients while also managing personal and professional responsibilities can be challenging. Nevertheless, psychiatry residents have the opportunity to make a profound impact on the lives of their patients and find fulfillment in their work.

Objectives: To assess the prevalence of burnout (BO) and secondary traumatic stress (STS) among psychiatry residents.

Methods: We conducted a descriptive online cross-sectional survey in January 2022 among psychiatry residents practicing at Hedi Chaker University Hospital in the Sfax region in Tunisia. Professional life quality was evaluated using The Professional Quality of Life Scale - 5 "ProQOL-5".

Results: The total number of residents was 34, of which 91.2% were female. Their mean age was 27.94 years \pm 2.43. They were single in 67.6%. They were residents in adult psychiatry in 61.8% and in child

psychiatry in 39.2%. For 91.2% of them, the specialty of adult or pediatric psychiatry was their own choice. The individuals had been practicing psychiatry for an average of two years. They reported a personal medical or surgical history, a personal psychiatric history, and a family history of psychiatric disorders in 32.4%, 8.8%, and 50%, respectively.

On the ProQOL-5 scale, we found that 88.2% of the residents had a moderate level of compassion satisfaction, 67.6% had a moderate level of burnout, and 52.9% had a moderate level of secondary traumatic stress.

Conclusions: Our study showed a moderate professional life quality among psychiatry residents, hence the importance of implementing intervention strategies.

Disclosure of Interest: None Declared

EPV1092

Traumatic symptoms and institutional support expectations among psychiatry residents dealing with patient suicide

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Introduction: Adult and child psychiatry residents encounter unique stressors in their training distinct from those in other medical specialties. Patient suicide has been identified as one of the most distressing experiences during psychiatric training.

Objectives: This study represents the first Tunisian investigation aiming to assess (1) the impact of patient suicide on psychiatry residents and (2) the limitations of the institutional support system in dealing with such cases.

Methods: A Google Forms questionnaire was distributed via email to all residents, gathering socio-demographic data, assessing traumatic impact using the PTSD Checklist for DSM-5 (PCL-5), and soliciting open-ended responses regarding personal experiences and expectations of the institutional support system.

Results: Fifty-three residents participated in the study. Among them, 29 residents had encountered patient suicide, with 12 directly involved. Symptoms of PTSD were detected in three residents. The physician directly involved in treating the suicidal patient reported the highest PCL-5 score. The majority of residents (27 out of 29) expressed the need for a structured support and training program tailored to healthcare professionals dealing with suicide.

Conclusions: The findings suggest that psychiatric residents may require additional training and support to effectively address the complex issue of patient suicide. Implementing specific training programs could significantly enhance their ability to manage such situations.

Disclosure of Interest: None Declared

EPV1093

Evaluation of a Simulation Based Training Course for Non-Consultant Hospital Doctors (NCHDS) in Psychiatry

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Introduction: Simulation-based training (Sim) is an established method of teaching in medical education and can help bridge the gap between medical theory and clinical practice. While sim is well-established in medical and surgical specialties, it is less well developed in psychiatry. Psychiatric emergencies often occur out of hours when there are fewer senior staff available on-site. Sim offers a safe setting for development of essential clinical skills with carefully delivered feedback.

Sim can be high-cost involving specialized simulation facilities, especially when utilising high-fidelity equipment. Even lower-fidelity techniques requiring standardized patients (SPs) require funding for actors and this can be a barrier to utilising Sim.

Objectives: We piloted a Sim course to NCHDs working in psychiatry in a tertiary university hospital with the aim of improving trainee skills and confidence in managing psychiatric emergencies on-call including risk assessment, involuntary admission and acute behavioural disturbance. A low-fidelity approach was taken with minimal use of SPs.

Methods: A sim handbook developed by Irish Centre for Applied Patient Safety and Simulation (ICAPSS) was used for reference in developing the simulation modules. Three modules were delivered in a structured manner over three hours; involuntary admission, risk assessment and management of acute behavioural disturbance. Each module involved the simulation exercise (20 minutes) followed by debrief (20 minutes). The facilitated debrief involved open discussion and prompted reflective learning. Anonymous, paper-based questionnaires were used to collect feedback on participants' experience of the training.

Results: There were 12 attendees and ten participants completed the feedback. All participants (100%, n=10) agreed or strongly agreed that sim helped them to learn and all agreed that the topics covered were relevant to their clinical role. All participants (100%, n=10), indicated that they enjoyed the workshop. Eighty percent (n=8) agreed or strongly agreed that they would like to do more sim-based workshops. The supportive environment and debrief sessions were reported as the most enjoyable aspects of the workshop.

Conclusions: Participants unanimously agreed that the training was useful to them in their clinical roles and helped them to learn. Sim was effective in teaching high risk complex psychiatric cases to psychiatry NCHDs and consideration should be given to expand this teaching method within postgraduate psychiatry training in Ireland.

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