EPV1612

The undergraduate nursing students' encountering experience with recovery patients as educators

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Introduction: Nursing students' attitudes towards mental illness will affect their perception about caring patients with mental illness and their willingness to work in the field of mental health. Evidence supported that contact with recovery patients can change people's perception of mental illness.
Objectives: The study aims to explore the undergraduate nursing students' encountering experience with recovery patients as educators.
Methods: A qualitative study using purposive sampling was conducted with undergraduate nursing students in southern Taiwan. Content analysis was used to identify the students' experience as encountering with the recovery patient as an educator.
Results: As recovery patients participated in class, sharing their recovery journey and learning with students to produce a recovery story, it provided recovery patients and students an equal and mutually beneficial partnership. Four main themes about undergraduate nursing students' attitudes were identified as. (1)Changing the mindset to patients with mental illness — We are human beings. There's not much difference between us. (2)Turning positive attitudes towards patients with mental illness — We can compose a better life together! (3)Closing the distance between students and patients with mental illness — I am willing to be close to you. (4)Reflecting and growing in self-understanding and values — I am recovered, too.
Conclusions: This study found that the strategy of recovery patients as educators can improve future nurses' attitudes towards mental illness, help them deeply learn about patient' recovery journey. It might beneficial to help students developing their competency in patient-centered care. Future study could examine the effect of the recovery patients as educators.

Disclosure: No significant relationships.
Keywords: Recovery; Qualitative study; Patients as educators; Undergraduate nursing students

EPV1611

Perceptions reported by residents in psychiatry on oral health problems in their patients with severe mental disorders: a qualitative study at a Brazilian university specialized psychiatric service

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Introduction: There is a greater prevalence of oral problems in patients suffering from severe mental illness than in the general population. The psychiatrist use to be, naturally, a health professional with great clinical influence over these patients. Do young psychiatrists in training include oral evaluations on their patients? How does this doctor perceive oral health care in the context of follow-up of people with chronic mental disorders?
Objectives: To interpret the meanings of the practice or not, regarding oral health guidelines, as reported by residents in psychiatry working in care and follow-up services to patients with severe disorders at a public university.
Methods: Clinical-qualitative design. Semi-directed interviews with open-ended questions in-depth carried out with six participants. Sample closed by saturation information criterion. Residents see their patients at the General Hospital of the State University of Campinas. Interview material, audio-recorded and transcribed in full, was treated by Clinical-Qualitative Content Analysis, using concepts of theoretical framework from Medical Psychology. Interviewer was a female professor of dentistry.
Results: From the discussion, two categories of analysis were selected for this presentation. (1) medical practice obeys the natural logic of construction of paradigmatic areas: historically, dentistry has created a care model with independence from medicine; (2) dentist is not called to participate in "collusion of anonymity". This is an expression construct by the psychoanalyst Balint to describe the taking of relevant clinical decisions, without no professional assume the responsibility for these.
Conclusions: These meanings may guide changes in professional conduct as well as in the curriculum of medical training programs.

Disclosure: No significant relationships.
Keywords: training in psychiatry; severe mental disorder; oral health; Qualitative research

EPV1612

Training and education in Digital Psychiatry: a perspective from Asia-Pacific Region

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Introduction: Digital mental health interventions and digital psychiatry have been rapidly implemented over the past decade, particularly with the intent to offer a cost-effective solution in those circumstances in which the current mental health services and infrastructure are not able to properly accommodate the patients' needs. However, mental health workforce is often poorly theoretical/practical trained in digital psychiatry and in delivering remote consultations safely and effectively, not being common to own curricula-specific training requirements in digital psychiatry and skills.
Objectives: Our aim is evaluating the level of training, knowledge, experience and perception regarding the topic of digital psychiatry in a sample constituted by medical students, psychiatry trainees and early career psychiatrists from WHO South-East Asia and Western Pacific Regions (APAC).
Methods: A web-based international cross-sectional survey was carried out to specifically investigating digita psychiatry in APAC regions.
Results: An overall lack of theoretical and/or practical training on new digital tools and digital health interventions in psychiatry has been

observed. The level of training influences knowledge background, which, in turn, influences young professionals' perceptions and opinions regarding digital psychiatry and interventions in mental health.

Conclusions: Implementing psychiatry training programs may significantly improve the level of knowledge and use of digital tools in mental healthcare. Moreover, mental health services and infrastructures should be properly adapted to the digital era, considering the overall weak and heterogeneous technical support and equipment, issues of internet connectivity and other administrative related challenges observed in APAC.

Disclosure: No significant relationships.
Keywords: psychiatry training; training in digital psychiatry; digital psychiatry

EPV1614

Taking back control of the Data. Developing an all in one System to monitor training post quality and provide trainer feedback

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Introduction: We will present experience developing a system for monitoring training placements in psychiatry and community paediatrics, and how this was expanded to provide an automated anonymised MSF for trainers for annual appraisal and will identify trainers in need of additional support and other post/training programme issues. The session will be of interest to educators and medical education leads with practical tips and lessons learnt over the last 8 years since the system was first developed.

Objectives: The system was also used to identify trainers in need of additional support and other post/training programme issues.

Methods: We used an electronic system to gain the infromation as stated in the introduction.

Results: Over the last 8 years we have collected data using this system. the results for our trust will be displayed annoymously but the system is the ficus of this presenation.

Conclusions: The advantages of the system are that it runs throughout the year (so covers each post and placement), has high trainee response rates, has no selection bias (compared with some other MSF systems) and the results are embedded within local quality systems and individual consultant appraisals. The data that the system collects can help provide robust evidence when investigating concerns that might only arise periodically (for example through the annual GMC trainee survey in the UK). We believe that this system will be applicable for doctors providing training in other countries and empowers the improvement of psychiatric training for the profession.

Disclosure: No significant relationships.
Keywords: Supervisor; appraisal; education; Multi source feedback

EPV1616

Exploring the Barriers to Discussing Unconscious Racial Bias in Psychiatry Trainees

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Introduction: Racism is present in most aspects of our society, including healthcare. Differences in health outcomes, and in the quality of mental health treatment for people coming from ethnic minority groups have been demonstrated in the literature. Psychiatry trainees are required to understand the impact of structural inequalities and power differences within mental health services, and to be able to deliver clinical care that is equitable for all.

Objectives: To provide psychiatry trainees with a space to reflect on unconscious racial bias in clinical work and to explore potential barriers when talking about such topics.

Methods: A Race and Equality Reflective Group for psychiatry trainees was organised as an opportunity to discuss unconscious racial bias. Due to an insufficient number of registrations, the session was cancelled. An anonymous feedback questionnaire was sent to all trainees to understand reasons behind this, and to explore potential barriers to participation. The results were analysed and were brought back to a regular Balint group for further exploration.

Results: Twelve trainees filled in the questionnaire. The main themes identified included this topic being a sensitive issue (5; 41.7%), discomfort in trainees (5; 41.7%), insufficient time to participate (4; 33%) and timetable clash (3; 25.9%). Barriers to discussing unconscious racial bias and inequality were identified in further exploration with trainees. The tendency for groups to adopt a split position that was observed, mirrors the dynamics seen in institutional racism.

Conclusions: This work has highlighted the need for ongoing focused, facilitated educational spaces where these issues can be openly discussed and reflected upon.

Disclosure: No significant relationships.
Keywords: reflective practice; racial bias; institutional racism; medical education

EPV1617

Burnout among psychiatry residents in tunisia

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Introduction: Psychiatry residency training is a stressful transitional period for young doctors who are faced with challenging patients, increased clinical responsibility coupled with lack of clinical experience, and on-call obligations, leaving them at high risk of burnout.

Objectives: To assess the frequency of burnout among psychiatric trainees, and to identify factors associated with severe burnout.

Methods: A cross-sectional study was conducted through an online survey among psychiatry residents working in Tunisian hospitals.