

Objectives: This study aims to fill this gap and explore the implications of the pandemic on parental mental health post-lockdown periods.

Methods: The Covid Care Calls Program (CCC) was designed to address developing needs in response to the pandemic in highly marginalized communities across Guatemala. For the baseline study at the onset of the pandemic, 330 individuals participated. Convenience sampling was used. Callers administered a semi-structured interview to elicit information regarding health and mental health status, household composition, and nature of parenting and offspring functioning. For the current study, the same procedure of telephone surveying was used. A random sample of 100 baseline participants was included. Calls were administered between June 2021 and August 2021, 6-months post lifting of lockdown restrictions. Paired t-tests were used to examine differences in mental health impairment (anxiety, depression, stress, burnout) from immediately post-lifting of lockdown restrictions to 6-months following lifting of lockdown measures. Multiple linear regressions were used to examine predictors of mental health impairment.

Results: We found that 6-months post lifting of stringent mitigation measures, parents reported engaging in increased negative parenting behaviors; observed increased negative behaviors from their children; reported increased anxiety, depression, and stress; and, reported increased burnout, especially mothers.

Conclusions: Our findings regarding increased parental stress and burnout well after quarantine and lockdown periods are cause for concern. In addition to their own stress, children are likely to experience a negative downstream effect from their parents' mental health impairment. Increased negative responses from children further exacerbate parental maladjustment which in turn increases negative child behaviors, and thus the cycle begins, resulting in an often conflictual, harsh, or disengaged home environment and dysfunctional parent-child relationships. This type of parental strain (has been noted to confer risk of psychopathology across generation. Family level intervention and increased access to community-based supports for parents are key to mitigating this persistent impairment.

Disclosure of Interest: None Declared

EPP0394

European federation of psychiatric trainees - Exchange Programme - appreciated by trainees in spite of language-related challenges

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Introduction: Differences in psychiatry training vary substantially across Europe. Such organisations as the European Federation of Psychiatry Trainees (EFPT), the European College of Neuropsychopharmacology, and the European Psychiatry Association, have

committed to offer international experiences based on the premise that it could foster international collaboration, aid early career professionals to progress professionally and spark discussion regarding different practices across Europe.

To date, there are no studies that focus on the exchange experience in mental health professionals.

Objectives: We present the synthesis of the first seven years answers from 2012 to 2019 to the post-exchange online evaluation form, which trainees had to fill in in order to receive an attendance certificate.

Methods: The present study analysed the answers of 182 psychiatry trainees or recent graduates who took part in the EFPT exchange program during 2012 and 2019 and filled in the internet-based evaluation form. The inclusion criteria were currently in training or recently finished training as a psychiatrist in Europe and filling in the questionnaire. The exclusion criterion was participation in the EFPT exchange program for the second or subsequent time.

All trainees were systemically asked to complete the online evaluation form after the exchange period. The form includes socio-demographic, training in host country-related, and exchange experience-related questions. Experience measures were evaluated using the 4-point Likert scale. Data was anonymized before the analysis. The study followed the principles of the Declaration of Helsinki.

Results: From the 198 individuals who filled the questionnaire, 182 were involved in final analyses. The majority of participants were females in the second half of their training. The average age was 29 years. The largest number of applicants were from Turkey, whereas the United Kingdom hosted the most participants. One-third of the participants had previous international exchange experience.

Most trainees were exposed to both outpatient and inpatient treatment settings and were involved in educational or research activities. 96.7% of participants indicated that they were satisfied or very satisfied with the experience, 95.6% said that the exchange was useful or very useful, and 98.9% were likely or very likely to recommend exchange to colleagues. A description of trainees and exchange placements is presented in a table (couldn't be uploaded).

Conclusions: To our knowledge, this study is the first to assess the experience of psychiatry trainees who went on exchange during their professional training. Vast majority of trainees were satisfied with their exchange, thought it would be useful for their clinical practice and would recommend it to their colleagues. These findings are in line with other studies that examined medical exchange experiences .

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EPP0395

SafePsych: Improving patient safety by delivering high-impact simulation training on rare and complex scenarios in psychiatry

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Introduction: Simulation-based training is a practical medical education tool to develop health professionals' knowledge and experience in a low risk, realistic clinical setting. It trains clinicians to recognise and manage rare and complex clinical scenarios without compromising patient safety. Despite an evidence base demonstrating simulation to be an effective medical education tool, it is not commonly used in postgraduate psychiatry training as it is in other medical specialties.

Objectives: This project outlines the development and effectiveness of a hybrid-virtual simulation-based workshop designed to improve patient care by improving clinical skills of non-consultant hospital doctors (NCHDs) in detecting and managing rare and complex psychiatric emergencies.

Methods: Three clinical vignettes based on near-miss clinical scenarios in psychiatry were developed by a multidisciplinary team of doctors and nurses in psychiatry, and experts in simulation-based medical education. The workshop, 'SafePsych' was delivered in a simulation laboratory, while being captured on camera and broadcasted via Zoom video-conferencing platform to observers. Debriefing followed each clinical scenario. Participants completed pre- and post-workshop questionnaires to evaluate clinical knowledge of the scenarios in the training programme.

Results: The workshop was attended by consultants (n=12), NCHDs in psychiatry and emergency medicine (n=19), and psychiatric nurses (n=5). In the psychiatry NCHD group, test scores significantly improved following the workshop (p<0.001). There were significant improvements in the test scores with a mean difference of 2.56 (SD 1.58, p<0.001). Feedback from participants and observers was positive, with constructive appraisals to improve the virtual element of the workshop.

Conclusions: Simulation-based training is effective in teaching high risk, rare complex psychiatric cases to psychiatry NCHDs. Further exploration of the learning needs of nursing staff is required. Future workshop delivery is feasible in the COVID-19 environment and beyond, using a virtual element to meet social distancing requirements while enhancing the reach of the training.

Disclosure of Interest: None Declared

EPP0396

Coping Strategies and Relationship with Burnout among Residents in Thailand

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Introduction: Burnout is prevalent in residents and coping is one of the important modifying factors.

Objectives: This study aimed to investigate coping strategies, burnout, and their relationship among residents.

Methods: A cross-sectional descriptive study was conducted among residents from October 2019 to April 2020 in Thailand. The Brief COPE Inventory Thai version and The Maslach Burnout Inventory Thai version were used, and the associations between coping strategies and burnout were examined.

Results: The number of 280 residents replied the questionnaire (response rate 41.5%). The most favored copings were self-distraction and acceptance and the least common were denial and substance use. Most residents had high level of emotional exhaustion (n = 113, 40.4%) and moderate level of reduced personal accomplishment (n = 99, 35.4%). However, low degree of depersonalization was reported predominantly (n = 164, 58.6%). The coping of venting, behavioral disengagement and self-blame independently predicted emotional exhaustion and depersonalization. Behavioral disengagement was the only predictor of burnout in all dimensions, whereas positive reframing is the only strategy that had independent and protective effect against burnout in all dimensions.

Table 1 Multivariate analysis of factors associated with emotional exhaustion

Variables ^a associated with emotional exhaustion	β (S.E.)	95% CI	P value
Venting	.17** (.50)	(.50, 2.46)	< .01
Behavioral disengagement	.29*** (.51)	(1.52, 3.55)	< .001
Self-blame	.15** (.47)	(.30, 2.15)	.01
Planning	.15** (.51)	(.32, 2.33)	.01
Positive reframing	-.26*** (.50)	(-3.08, -1.12)	< .001

Table 2 Multivariate analysis of factors associated with depersonalization

Variables ^a associated with depersonalization	β (S.E.)	95% CI	P value
Sex	-.12* (.58)	(-2.37, -.07)	.04
Alcohol use	.18** (.75)	(.74, 3.69)	< .01
Venting	.14* (.26)	(.07, 1.11)	.03
Behavioral disengagement	.18** (.25)	(.28, 1.27)	< .01
Self-blame	.21*** (.23)	(.38, 1.28)	< .001
Positive reframing	-.18* (.23)	(-1.17, -.27)	< .01
Use instrumental support	-.14* (.24)	(-1.03, -.10)	.02