

trainees. This is significant when considering the association between hours of work and burnout, and also adds to the perception that women have to work harder for the same recognition as men. Forty-six percent of trainees breached WTD limits.

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EW0565

Pressure from superiors and older age increase the risk of burnout syndrome among psychiatric trainees:

A nation-wide survey in Turkey

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Introduction Previous studies reported high burnout rates and indicated significant factors associated with burnout syndrome among psychiatric trainees, such as hard working conditions, lack of supervision and not opting for psychiatry as a first career choice.

Objectives A substantial amount of variance was reported in psychiatry training across countries. However, there is not sufficient national data regarding the rates and risk factors of burnout syndrome among psychiatric trainees in Turkey.

Aims To determine the burnout syndrome rates and the risk factors associated with burnout syndrome among psychiatric trainees.

Methods A questionnaire of occupational, educational and personal factors and Maslach burnout inventory (MBI) were answered by 180 of 450 psychiatric trainees in Turkey. The data was collected from 167 (56% females) trainees who completed the survey material. Converting the scores of three subscales by using MBI manual, a dichotomous variable (severe/non-severe burnout) was obtained for each participant and the data was analyzed using descriptive statistics and regression models.

Results Mean age was 28.85 ± 2.99 -year-old and mean duration of residency was 2.61 ± 1.31 years. Severe burnout was found in 38.3% of the trainees. Logistic regression confirmed that older age ($P=0.02$) and pressure from superiors ($P=0.04$) are predictive factors associated with severe burnout. The high number of patient visits ($P=0.001$), violation of employee personal rights ($P=0.04$) and pressure from superiors ($P=0.01$) were significantly associated with the "wish working in another institution".

Conclusions Pressure from superiors and older age can be described as risk factors associated with burnout syndrome among psychiatric trainees in Turkey.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0566

The psychiatric morbidity and mortality teaching conference to improve patient safety: Lessons learned at the Massachusetts general hospital

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Introduction A morbidity and mortality (M&M) conference is a time-honored educational format in surgery and medicine to review bad patient outcomes and learn from mistakes made. However, despite the value of learning together as peers from difficult cases with unexpected outcomes, most psychiatric departments in the United States do not have an M&M conference. Several years ago, the department of psychiatry at Massachusetts's general hospital in Boston began a monthly M&M conference.

Objectives Describe our department's experience with the M&M format as an educational vehicle to teach patient safety and improve care in an increasingly complex care environment.

Aims Introduce the M&M format that we have developed at our department and obstacles encountered.

Methods We reviewed the content of our four years of M&M conferences; the feedback received from participants after each conference; and changes introduced to improve the conference.

Results Our department has successfully implemented and sustained a monthly psychiatric M&M conference that is well attended and valued. A critical decision was mandatory involvement of residents to prepare cases in conjunction with a dedicated faculty member. A structured presentation using a root cause analysis framework to guide the discussion in order to harness the wisdom of the group allows for a more comprehensive understanding of factors leading to bad outcomes, including systems-based problems.

Conclusions A psychiatric M&M conference can teach individual clinicians about patient safety. Developing a departmental mechanism to apply lessons learned in the conference to improve hospital systems is the next task.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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How satisfied are patients with interprofessional teams?

Meta-analysis of a pilot study

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Introduction A doctor–patient encounter is a dyadic interaction between two people, one needing help and the other providing it. However, the encounter between an interprofessional team and a patient is changing this picture.

Objectives To measure how patient satisfaction changes when patients are treated by an interprofessional team.

Aims Ecological momentary assessment (EMA) directly evaluates patient satisfaction when patients interact with interprofessional teams. This research is a before-and-after study of undergraduate health care students undergoing interprofessional education. Answers to questions on a 5-point Likert scale (from "Totally satisfied" to "Totally unsatisfied") were uploaded online on a survey platform linked to a dedicated app.

Methods Twenty-nine undergraduate students before, and eight after, interprofessional training reported their evaluation of patient satisfaction with interprofessional teams. Meta-analysis used Tau², Cochrane's Q and I².

Results Meta-analysis showed a homogeneity in the answers before and after IPE training ($P=0.4$) and variability of only $I^2=39\%$, with $t^2=.006$, and $Q(4\text{ df})=4.0$. To a certain degree, the study showed a drop before and after in students who report their patients being "moderately satisfied" (from 20.7% to 0%), with C.I. 95% = 4.702 (0.238–92.713) (Fig. 1).