

Objectives: Studying the physical fitness and PA of HCP and the relationship with their attitudes and referral practices related to PA interventions

Methods: HCP at the Dutch Association for Psychiatry conference (2019) were invited to an online questionnaire (demographic/work characteristics, stress, PA levels, knowledge/attitudes regarding PA and referral practices) and cycle ergometer test. Linear and logistic regression were used to study the strongest associations.

Results: 115 HCP completed the questionnaire. 40 also completed the ergometer test. 43% (n=50) met the national PA guidelines (≥ 150 min moderate-to-vigorous PA and $\geq 2x$ bone/muscle-strengthening exercises a week). Women, HCP in training and HCP with more stress were less active and less likely to meet PA guidelines. HCP with personal experience with an exercise professional were more active and met guidelines more often. Knowledge/attitudes on physical health and PA were positive. Patients were more often referred to PA interventions by HCP who met PA guidelines (OR=2.56, 95%BI=0.85–7.13) or had higher beliefs that exercise professionals can increase adherence to PA interventions (OR=3.72, 95%BI=1.52–9.14).

Conclusions: It's positive that HCP report importance and relevance of PA in mental healthcare. Although there is strong evidence for PA interventions in the treatment of people with mental illness, referral to such interventions can partly depend on the PA behaviour and attitude of patients' physician/clinician.

Disclosure: No significant relationships.

Keywords: physical activity; exercise; referral practices; Healthcare professionals

EPV0841

Gray matter volume and burnout severity among medical professionals

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Introduction: Occupational burnout has become a pervasive problem in human services. Medical professionals are particularly vulnerable to burnout, which may lead to reduced motivation, medical errors, and voluntary absenteeism. To ensure effect functioning of medical systems, better understanding of burnout among medical professionals is warranted.

Objectives: We aimed to investigate the structural brain correlates of burnout severity among medical professionals.

Methods: Nurses in active service underwent structural magnetic resonance imaging. We assessed their burnout severity using self-reported psychological questionnaires. This study was approved by the Committee on Medical Ethics of Kyoto University and was conducted in accordance with the Code of Ethics of the World Medical Association.

Results: The results reflected considerable individual differences in burnout severity in our sample. Our findings revealed that the levels of burnout severity were associated with the regional gray matter volumes in brain areas such as ventromedial prefrontal cortex and insula.

Conclusions: Since the outbreak of the COVID-19 pandemic, medical professionals have faced even greater stress. We hope that our findings will contribute to a better understanding of the

mechanisms of burnout and offer useful insights for developing effective interventions to manage stress and burnout.

Disclosure: No significant relationships.

Keywords: burnout; medical professionals

EPV0842

The feasibility of an implementation fidelity tool for the monitoring of a multidisciplinary lifestyle focused approach for inpatients with mental illness

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Introduction: Lifestyle behaviours (e.g. physical activity and dietary habits) play a major role in the well-known premature mortality caused by poor physical health in people with mental illness. There is increasing evidence for the efficacy of lifestyle interventions on both physical and mental health, and consensus about important factors for success (e.g. targeting multiple lifestyle behaviours). However, implementation remains challenging and there is little change in clinical care. Studies that include measures of fidelity (the extent to which an intervention is implemented as intended) are able to gain insight in variations in actual implementation, which may affect intended health outcomes. However, there is currently no suitable fidelity tool for our lifestyle intervention.

Objectives: A pilot study to evaluate the feasibility of a tool that assesses and monitors the implementation fidelity of a multidisciplinary lifestyle focused approach (MULTI+).

Methods: MULTI+ can be tailored to various psychiatric wards and consists of 10 essential components based on scientific evidence, existing guidelines and consensus in the field of 'lifestyle psychiatry'. We developed a tool to assess the 10 components and thereby the implementation fidelity of MULTI+. Qualitative observational data about compliance to these components are collected in 45 psychiatric wards. Adherence is converted to a gradual score (0-50). A higher score indicates higher fidelity.

Results: Preliminary results show that the tool is feasible for use in clinical practice. Scores give insight in how various wards have implemented MULTI+.

Conclusions: These outcomes can be used to further improve and understand the implementation and effectiveness of lifestyle interventions.

Disclosure: No significant relationships.

Keywords: Lifestyle; Fidelity; Implementation; mental illness

EPV0843

Cardiac arrest survivors – Psychiatric comorbidity and cognitive impairment

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Introduction: In 2019 there were 1,760 patients in Denmark's hospitals who experienced cardiac arrest (IHCA patients = In Hospital Cardiac Arrest patients). Of these patients about 70% survived. There is only limited knowledge about the mental and cognitive state of cardiac arrest survivors. However, it seems, that cardiac arrest survivors, perform mentally and cognitively worse compared to the background population. The mental and cognitive difficulties can lead to reduced quality of life for both those affected and their relatives.

Objectives: Because the above-mentioned area has limited knowledge, further studies are needed to shed more light into the problem.

Methods: To find out if the patients can be included in the study, the patient journals will be studied. After that there will be performed an interview-survey-based study, in which IHCA patients' possible symptoms of depression, anxiety, PTSD and suicide risk, the patients' quality of life and any cognitive disorder, shortly after and three months after cardiac arrest, will be examined. The study will also, if possible, focus on the patients' relatives and on the eventual difficulties they may experience in the aftermath of a relative surviving a cardiac arrest. The above-mentioned will be done using already existing relevant psychiatric and neuropsychological examination tools. In relation to the patients' relatives, however, a separate survey tool, that has been developed, will be used.

Results: It is an ongoing study. Results are expected in 2023.

Conclusions: In the long run the study hopefully can contribute to establishing relevant help, counseling and rehabilitation for the patients and relatives affected.

Disclosure: No significant relationships.

Keywords: Cardiac arrest survivors; cognitive impairment; Psychiatric comorbidity

EPV0844

Almost 30 years of effort to bind clinical practice and science in the field of psychiatry in Europe

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Introduction: European Federation of Psychiatric Trainees (EFPT) is a platform for psychiatric trainees from not only Europe but also various other countries. EFPT exclusively works on binding clinical practice and science for better mental health care. Research Working Group (RWG) of EFPT works on sharing knowledge with peers by brainstorming, collaborating and coordinating projects, organizing journal clubs and workshops.

Objectives: We will focus on tele-psychiatry also known as e-mental health, a subdivision of telemedicine, provides diagnostic interview, evaluation, therapies, psycho-education and treatment. We plan The Brain-Drain follow-up study, investigates immigration of psychiatric trainees. Also educational activities have planned.

Methods: With a questionnaire on the topic of psychiatry residents' acceptance of tele-psychiatry using The Unified Theory of Acceptance and Use of Technology (UTAUT), we will hold the first multi-national survey among psychiatry residents. The Brain-Drain study was conducted by the EFPT-RWG in the past had a promising outcome. We are currently working on the follow-up of the study. We are starting to hold events. For instance we will commence the monthly journal club. Apart from giving a platform for scientific debate, journal club will also provide a chance have a elaborate discussion with author. We will organize a workshop on how to write a case-study with Neuro-Psycho-Pharmacology Working Group of EFPT.

Results: We assume diverse attitudes overlapping different tele-psychiatry exposure and regulations, comprehensive data on immigration of trainees and sharing knowledge on practice and research.

Conclusions: Hopefully, we will have clearer understanding of changes in working environment of trainees either with new technologies or in different countries.

Disclosure: No significant relationships.

Keywords: brain drain; utaut; e-mental health; telepsychiatry

EPV0845

Study of resilience in a population of tunisian residents and interns in medicine

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Introduction: Resilience is the ability to bounce back or cope successfully with stress. Fostering resilience is a promising way to mitigate the negative effects of stressors and prevent burnout.

Objectives: Study the level of resilience among Tunisian medical interns and residents.

Methods: We conducted a cross-sectional descriptive study between March 1 and April 15, 2021. Medical interns and residents were invited to complete an online self-questionnaire. We used the Brief Resilience Scale (BRS) to assess the level of resilience.

Results: The total number of participants was 56 of which 28.6% were male. The average age was 26.76±2.52 years. Most of the students had studied at the Faculty of Medicine in Sfax, 58.9%. 64.3% of the participants were residents, 55.4% of them in a medical specialty. 75% of participants were working in a medical department. The average years of practice was 2.27±1.23. The number of working hours per week exceeding 40 hours was found in 60.7% of participants. The number of shifts per month exceeding 4 shifts was found in 67.9%. 46.4% of the participants wanted to change their profession and 44.6% regretted choosing medicine. The mean score by BRS was 2.79±0.48. The level of resilience was high in 42.9% of the participants and normal in the rest of the respondents.

Conclusions: The level of resilience was normal to high in Tunisian medical interns and residents. Assessing the presence of burnout