

**Conclusions:** Our study reflects the belief on the part of the resident physicians that further training in psychotherapy (45.7%), psychogeriatrics (10.6%) and dual pathology (8.5%) would be necessary. The fact that only 11.7% of the participants stated that they did not take compensatory rest after on-call duty seems to us to be an improvement over what was initially expected. There are other less reassuring data, such as the fact that only 22.9% of first-year residents report having continuous supervision. We consider that the results found follow the trends observed in studies carried out in residents from other countries. We stress the need to carry out a greater number of studies with a broad population base in which to find the failures that psychiatry residents themselves perceive in their training.

**Disclosure of Interest:** None Declared

### EPV1093

#### Breaking bad news in Medicine : Tunisian Trainees' feelings

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**Introduction:** The announcement of bad news to patients is a challenging task for physicians.

**Objectives:** The aim of our study is to evaluate the impact of a simulation experience of telling bad news to patients on Tunisian medical trainees.

**Methods:** A prospective and multicenter study was conducted in two different hospitals in Tunisia. The duration of the study was two weeks. Pre-prepared questionnaires evaluating the impact of a simulation experience of the announcement of a critical illness diagnosis were handed to trainees enrolled in the faculty of Medicine in Tunis.

**Results:** Forty trainees were included in the study. Average age was 28,1 years old with a feminine predominance (75%). Thirteen trainees role-played the clinician announcing the bad news. The median duration of the simulated interview was eight minutes. During the moment of the diagnosis announcement, twelve trainees reported feeling stressed, 6 of them felt uncomfortable and 7 felt empathic. Five trainees were in difficulty, two felt at ease and two felt neutral. During the whole interview, all the trainees reported they felt stressed and uncomfortable. Regarding their feelings at the end of the interview, only two reported they felt relieved at the end of the interview. Three trainees felt angry with themselves. Two felt angry with the patient or his family members. Eight felt upset and four were in tears. Four reported having no feelings.

**Conclusions:** Telling bad news is a difficult moment in daily practice. Special trainings need to be implemented in the medical education program in order to prepare future doctors to this task.

**Disclosure of Interest:** None Declared

### EPV1094

#### Relevance of Group Training for Psychiatrists: an Experiential-Strategic model.

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**Introduction:** There are many stressors that lead to burn out and decrease the quality of life of health professionals as a whole and it occurs also to trainee psychiatrists.

Training programs rarely include specific interest in the personal self of students even if they begin to deal with severe human suffering.

Authors present a model of experiential group training in psychiatry that is centred on the person/trainee at the very most.

**Objectives:** The aim is to focus on unsolved emotional needs of students to allow them to achieve the capacity of relationship with patients. It is not a mere application of empathy but a truth overcoming, for trainees, of major risks of collusion due to reflection of individual conflicts into the patients and/or due to the encounter with strong emotion during clinical training.

**Methods:** The model is Experiential because it is the space for personal expression and it is Strategic because it is born inside the strategic group training in psychotherapy (Battuello *et al.* *Psichiatria e Psicoterapia* 2022; 41, 2, 65-82).

The conductor of the group carries on her/his skin the experience of own training group, to be brought into the trainees' one.

This is an original approach because the epistemology of the model came directly from the experience.

The group is led by a psychotherapist that plays an active part inside the process instead of being only a facilitator.

The main focus is to allow students to express themselves that includes various steps such as: tuning with their own experiences/emotions, freedom of expressing them to the group, active listening to the other and response to the same other even when feelings don't resonate but instead are divergent.

This phase is related to the conductor's participation that is totally immersed into the group bringing personal feelings, stories and emotions to create an undifferentiated space, free from hierarchical roles.

During a second period, students can access a more mature relational capacity that carries the group to a phase of individuation of the self that also engages professional issues.

**Results:** Students in the group question themselves: it is the root of every health professional that has to explore and overcome personal relational issues. Only after the expressiveness phase, as authors name this part of the training, an individuation phase is truly possible that leads to the definition of the professional.

**Conclusions:** The training group is necessary for students to explore the wider range of emotions, expressing personal ones, accepting others', experiencing the tolerance to their frustration,