

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 information 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 anonymously but the system is the focus of this presentation.

**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.