

F3X patients (2). Majority of F4X patients (61,6%) did not follow the recommendations or stopped seeing psychiatrist, while only 13,7% were persistent. Conversely, 48,4% of F3X patients followed the recommendations and only 43,5% stopped. In comparison, other spectrum patients followed recommendations in 32.0% of cases and ignored - in 56.6%.

Conclusions: Patients were actively self-referring themselves to psychiatrist. Highest adherence to psychiatrist recommendations was found in patients with affective disorders compared to other spectrum patients. In contrast, adherence was the lowest in patients with neurotic disorders.

Disclosure: No significant relationships.

Keywords: out-patient; affective disorders; Patient adherence; neurotic disorders

EPV0831

Features of different severities of reduced working capacity states as an indicator of the self-regulation in students of different courses

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Introduction: The relevance of studying of self-regulation styles of young people who face various difficulties at a stage of vocational training has increased in the situation of a pandemic.

Objectives: The purpose of our work is to describe the functional states of students at different stages of education, characterized by different degrees of satisfaction with educational and professional activities and different levels of self-regulation, to substantiate programs of psychological support for students during the formation of their professional identity.

Methods: The sample consisted of 153 students enrolled in 1 and 3 courses in Moscow higher educational institutions. They were asked to fill out a package of methods aimed at diagnosing self-regulation styles (Morosanova, 2020), the severity of states of reduced performance (Leonova, Velichkovskaya, 2002).

Results: Indicators of reduced working capacity among third-year students are statistically significantly higher ($p \leq 0.05$) and are in a critical range of severity than among freshmen. Despite a similar level of satisfaction, third-year students demonstrate a whole palette of states of reduced performance, characterized by the experience of monotony of activity with high tension associated with the requirements of the educational situation. The absence of significant differences in the diagnostic indicators of self-regulation obtained in these two groups does not give grounds to assert that the general self-regulation of senior students is higher than that of first-year students.

Conclusions: The data obtained confirm the “painfulness” of the crisis of the “middle” of education and necessarily raise the question of developing a targeted program for mastering the means of conscious self-regulation by students.

Disclosure: No significant relationships.

Keywords: self-regulation; students; reduced working capacity states; satisfaction with educational activities

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Inventory of Sources of Stress During Medical Education - Further Validation

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Introduction: The Inventory of Academic Sources of Stress in Medical Education (IASSME) evaluates the presence and intensity of the main sources of academic stress for Portuguese Medicine students in five dimensions: Course demands/CD, Human demands/HD, Lifestyle/LS, Academic competition/AC, and Academic adjustment/AA.

Objectives: To further validate the ISSME using Confirmatory Factor Analysis and to analyze[ATP1] the psychometric properties of a new version including additional sources of stress.

Methods: Participants were 666 Portuguese medicine (82.6%) and dentistry (17.4%) students (81.8% girls); they answered an online survey including the ISSME and other validated questionnaires: Maslach Burnout Inventory – Students Survey (MBI-SS) and Depression Anxiety and Stress Scales (DASS).

Results: Confirmatory Factor Analysis showed that the second order model composed of five factors (the original structure by Loureiro et al. 2008), but excluding item 11 (loading=.371), presented good fit indexes ($\chi^2/df=3.274$; RMSEA=.0581, $p < .001$; CFI=.917; TLI=.904, GFI=.919). The Cronbach’s alfas were $\alpha=.897$ for the total and from $\alpha=.669$ (F2-HD) to $\alpha=.859$ (F1-CD) for the dimensions. The expanded version, including two additional items related to lack of interest in medicine/dentistry (F6, $\alpha=.543$) and two additional COVID-19 stress-related-items (F7, $\alpha=.744$) also showed acceptable fit indexes ($\chi^2/df=3.513$; RMSEA=.061, $p < .001$; CFI=.88; TLI=.866, GFI=.892). This new version’s α was of .896. Pearson correlations between ISSME and the other measures were significant ($p < .01$) and high: $>.55$ with DASS and $>.50$ with MBI-SS. Girls presented significantly higher ISSME scores. F6 score was significantly higher in dentistry students.

Conclusions: This further validation study underlines that IASSME presents good validity (construct and convergent) and reliability.

Disclosure: No significant relationships.

Keywords: Stress; medical education; validation; inventory