Image 2:

Table 2: Content of sessions presented during the second year

Number	Clinical vignette	Peer review	Thematics
2.1	Patient coming to Switzerland for EXIT[4]	Need for 'tools' to assess capacity for discernment	Medical ethics for the purpose of end of life[5]
2.2	Patient transferred in restraint to another ward	Need for better supervision of physician assistants	Need for debriefing after restraint
2.3	85-year-old female patient who has been seeing ghosts for years	When does a "locally accepted belief" become a psychiatric symptom?	Inscribing the psychiatric symptom in the socio-cultural context
2.4	Young Iranian patient who attempted suicide to oppose his dismissal	How can you help if you can't act against the decision?	Medicine is not above the law
2.5	Female patient who ordered oxycodone[6] via Internet	Should this opioid be weaned on demand of the OCN[7] ?	Medicine must assert its field of expertise

Conclusions: Balint group for medical student during their immersion in the psychiatry field are useful to help students to improve empathy in the patient relationship and to better understanding the specificity of the doctor relationship in psychiatry. But the confrontation with the mental illness and their treatment, especially seclusion treatment, asked a lot of questions from the trainees. The students during the first year of Balint introduction showed a great identification with the patient, essentially catched by the manifest speech and complaints. We observed some changes between the both year, with some hypothesis: better prepared students with previous teaching but also the better frame for their attend by the medical staff in hospital or in ambulatory services.
Further studies must be conducted with qualitative items (satisfaction enquiry by the students, and quantitative findings.

Disclosure of Interest: None Declared

EPP731

INTERRUPTED TALK: Exploring the barriers encountered by psychiatry trainees with utilising a CBT-based framework in patient clinical encounters in an NHS Trust – A qualitative study

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Introduction: The UK Royal College of Psychiatrists and the General Medical Council both recognise the value of and commend the use of Cognitive Behavioural Therapy (CBT) in understanding and treating Psychiatric disorders. It is now mandatory to incorporate in CBT in psychiatry training. Previous research and the authors' own experiences as a trainee have shown that despite being trained in CBT, there continues to be limited use of CBT in routine clinical practice by psychiatry trainees. This study was conducted at a UK NHS Trust as an educational service evaluation.
Objectives: Despite trainees receiving extensive CBT training and completing a 12-session CBT case early in their training, many do not use this skill. The objective of the study was to explore any barriers psychiatry trainees encountered in utilising CBT in routine clinical practise.
Methods: A qualitative, ethnographic approach using focus group discussions was used. Three Focus groups were conducted. These were audio-recorded and transcribed verbatim, then analysed using a General Thematic Analysis. A coding framework was used to organise emergent themes into five broad categories and are shown in the results section.
Results:

Table 1: Barriers to CBT use

Training Factors	Patient Factors	Psychiatrist/ Clinician Factors	Systemic Factors	Other Factors
Not taught in medical schools Insufficient training Training too abstract Time-lag between training and practice Lack of access to information on further training Trainers' emphasis No familiarity with integrating into assessments	Patient Willingness Suitability Patient preference for medication Patient mindset about psychiatrist's role Not considered tangible by patients Poor rapport with medics in in-patient settings Severity of illness	Few advocates Subspecialisation Lack of confidence Unavailability of senior clinicians Culture of clinicians Lack of autonomy Lack of practise Not part of Doctor's role	Time Type of care setting (Community vs Inpatient) Pressure on services. No senior modelling Lack of clarity of concept Focus on other areas at assessment. Lack of supervision No therapist continuity or formalised follow-up	CBT is too structured

Conclusions: Psychiatry trainees were eager to use their CBT skills more often yet find barriers hindering their aspirations. In a specialty where talking with patients can sometimes be as effective as offering them medications, having a deeper understanding of the hindrances trainees encounter with regularly deploying this skill is crucial.

Disclosure of Interest: None Declared

EPP732

Navigating the Challenges of Conducting Training Programs for Serious Mental Disorders for different stakeholder in Slum in Bangladesh

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Introduction: Mental health treatment gap is over 92% in Bangladesh. The situation is more disappointing for those living in the slums in this country where basic health care and other facilities are limited. Due to the lack of easy and affordable access to biomedical care, the slum populations predominantly seek mental health care from traditional and faith-based healers, community health workers (CHWs), and local medicine sellers for serious mental disorders. In the TRANSFORM research, we are working with these 4 important stakeholders and codeveloped two different training programs clustering them in two different groups. In one group, we provided training for traditional and faith based healers and in another group community health workers and medicine sellers and a total 153 people received our 3 days long codeveloped training in 4 batches.
Objectives: We aimed to document the different types of challenges; we encounter to conduct 3 days long training program on serious mental disorders in two groups in the 4 batches.