

patient presentation and recovery. 14/19 (74%) agreed or strongly agreed that a doctor's reaction to a patient directly influenced care. All doctors agreed or strongly agreed that it was important to reflect on a patient's emotional experience, as it was crucial to their development as a doctor.

CMT doctors found balint groups useful as it provided them a space, which was not routinely offered to discuss challenging cases. Themes that emerged included a lack of support and difficulties maintaining boundaries when treating complex patients. Litigation was a recurring theme with many trainees reporting anxieties and a lack of support. Trainees reported guilt and worries that they were not doing enough for their patients. These themes appeared to have a direct impact on training experience and burnout.

Conclusion. With increasing burnout and dissatisfaction amongst junior doctors, balint groups provide a unique approach to supporting junior doctors within medical specialties. The current pilot has demonstrated that CMT doctors can make use of balint groups in an effective way. We recommend that balint groups should become an integral part of specialist medical training. Psychiatrists can play a central role in supporting the health and well being of medical trainees through balint group facilitation.

The introduction of regular group reflective practice sessions for junior doctors in a critical care setting during the second wave of COVID-19 pandemic – a Pilot

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Aims. Reflective practice is a core component of undergraduate as well as post graduate training. Reflective practice provides an opportunity for individuals to learn through their experience as well as gaining insight into themselves and their practice. If completed effectively, it has been shown to reduce stress and improve mental well-being. Our aim therefore was to provide regular group reflective practice sessions with the aim of supporting junior doctor's mental wellbeing during the second wave of the COVID-19 pandemic.

Method. Junior doctors within a critical care setting were offered two-weekly group reflective practice sessions focusing on 'difficult or challenging cases and encounters.' The sessions were offered to all junior and middle grade doctors within a critical care department in a small district general hospital. Consultants were also able to attend. The groups were facilitated by a consultant liaison psychiatrist and an accredited balint group leader. Critical care doctors were provided a feedback questionnaire assessing the impact of the sessions and the levels of stress and burnout. The themes emerging from the sessions were also explored.

Result. A total of six reflective practice sessions were offered during a three-month period. A total of four reflective practice sessions were completed; two sessions were cancelled due to high workload on the department. Each session lasted approximately 50mins. On average a total of 3-4 junior doctors attended each session. The sessions were conducted face to face in a socially distanced manner and with all participants wearing face masks. The sessions were predominantly attended by foundation doctors and SHOs. There was occasional attendance by middle grades and a consultant.

The predominant themes that emerged included: guilt, prolonged suffering, desensitisation, support and exhaustion. Despite the challenges associated with the pandemic and lockdown, many

of the doctors also acknowledged the benefit of being at work during both waves of the pandemic. There was a sense of collectiveness and group belonging. The group found it beneficial to be able to share their experiences and challenges faced; this was most striking amongst the very junior members of the team.

Questionnaires were also provided to gain additional insight into the wellbeing of the critical care doctors. Worryingly the results highlighted a significant proportion of doctors were experiencing signs of burnout including fatigue (77%), lack of energy (54%), cynicism (31%), frustration and irritability (45%) and detachment (38%). Many of the issues highlighted were in response to the demand created by the pandemic and a lack of medical staffing with 69% of doctors requesting regular feedback on staffing issues.

Conclusion. Burnout and low morale were already highlighted in a significant number of junior doctors prior to the pandemic. COVID-19 has identified a clear need for NHS employers and medical leaders to provide emotional and psychological support to staff. It is vital that we create an open environment where individuals can express their feelings openly without fear that they will be judged. Group reflective practice provides an avenue to build on collectiveness created during both waves of the COVID-19 pandemic. This pilot has demonstrated that if introduced as part of a wellbeing support package, junior doctors within a critical care setting are able to utilise the sessions in an effective and productive manner.

Factor structure of medical students' attitudes towards psychiatry: findings from a nationally representative sample from Sri Lanka

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Aims. The aim of this study was to examine the factor structure of attitudes towards psychiatry among medical students by using the 'Attitude towards psychiatry-30' (ATP-30) scale, which is one of the most widely used psychometric tools in assessing medical students' attitudes regarding psychiatry. We also aimed to explore the possible existence of meaningful subscales in the ATP-30 scale.

Method. Secondary data from a survey of 743 final-year medical students from nine medical schools in Sri Lanka were subjected to factor analysis. Models based on empirical evidence were tested with Confirmatory Factor Analysis (CFA) for model fit using Comparative Fit Index (CFI), Tucker Lewis Index (TLI), root mean square error of approximation (RMSEA) and Chi square. To explore the underlying latent structure of the scale, Exploratory Factor Analysis (EFA) with oblique (i.e. Promax) rotation was employed. Horn's parallel analysis and goodness-of-fit statistics for a series of EFA models tested with different numbers of factors were used in determining the number of factors to retain. Items conceptually external to the emerging factors or with factor loadings less than 0.4 were discarded. Gender invariance of the final model was tested by configural, metric and scalar invariance. Internal consistency of subscales was assessed using McDonald's omega (ω).

Result. Three models based on literature (one-, five-, and eight-factor) were disproved by CFA. EFA revealed a six-factor solution,

encompassing 18 out of the 30 items, to be the most theoretically meaningful factor structure. This six-factor model was affirmed by a CFA (CFI = 0.94, TLI = 0.92, RMSEA = 0.036). These factors were, namely, 'the image of psychiatrists', 'psychiatric patients and mental illness', 'efficacy of treatment', 'psychiatric teaching', 'career choice', and 'psychiatry as an evidence-based discipline'. This six-factor solution was invariant across gender. 'The image of psychiatrists' appeared to be the most salient factor, and formed the most consistent subscale ($\omega = 0.71$). The internal consistencies of the other subscales were modest ($\omega = 0.55$ – 0.67). The overall 18-item scale showed good internal consistency ($\omega = 0.78$).

Conclusion. Our findings provide evidence of a multi-dimensional structure in medical students' attitudes towards psychiatry, endorsing six meaningful subscales of the ATP-30. Future researchers and educators can utilize these subscales in identifying specific attitudinal domains which are more closely associated with students' future choice of a career in psychiatry, and also in identifying specific areas where attitudes are more stigmatized, so that appropriate interventions can be incorporated into the undergraduate psychiatric curriculum.

Virtual clinical examinations: are they the new 'normal'?

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Aims. The North West School of Psychiatry run a yearly structured clinical examination to help Core Psychiatry Trainees develop their training competencies and prepare for the MRCPsych Clinical Assessment of Skills and Competencies (CASC). Historically, this has been face-to-face with logistical difficulties, high cost, low trainee uptake and challenging in recruiting examiners. Following the COVID-19 pandemic and the subsequent shift to virtual consultations and examinations, the team implemented an innovative virtual Skills test. The main aims were to improve the test's quality and the trainee uptake, adapt the test delivery to a Health Education England (HEE) online platform, and establish cost-effectiveness in the post-COVID world.

Method. A working group was formed to develop the Skills test, and in May 2019, the test was delivered face-to-face, implementing 5 cycles of 8 stations over 3 days. The same group adapted the test for online delivery, and in August 2020, 3 cycles of 8 stations were delivered. Feedback was collected, with adaptations made for a second Skills Test in December 2020.

Result. 96.4% of trainees rated their overall experience and the test organisation in the 2019 test as excellent or good (82.1% and 85.7% excellent, respectively). 93.5% of examiners rated their overall experience and the test organisation as excellent or good (45.1% excellent for both). In the August test, 95.8% of trainees rated their overall experience as excellent or good (58.3% excellent). 100% of trainees rated the test organisation and the online format as excellent or good (70.8% and 50% excellent, respectively). Although 100% of examiners rated the overall experience, the test organisation and online format as excellent or good, some felt the stations were not long enough to allow for technical issues. In the December test, higher proportions of trainees rated

the overall experience (80%), organisation of the test (80%) and online format (70%) as excellent.

Conclusion. The virtual test is shown to be a viable and successful alternative to the face-to-face test in preparing trainees for their CASC, and trainees felt it was excellent preparation for the new online CASC format. It had some clear advantages, such as saving on consumables, reducing the financial costs of running the test, improving the test quality, and increasing the trainee uptake. It is more eco-friendly and reduces fuel emission, raising the question of how the test should be delivered after the COVID-19 pandemic.

Attitude & belief towards mental illness and psychiatry as a faculty among medical students at International Medical University, Malaysia

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Aims. Third year Medical students from the International Medical University, Malaysia were assessed regarding their commonly held attitudes and beliefs for the mental illness in general as well as with respect to psychiatry as a faculty through a survey monkey based survey,

Background. Commonly held perceptions and prejudices often can be overcome by education and early exposure to facts which also holds true with medical students and their attitude as well as expectations to psychiatry. Ever growing awareness regarding the Mental illness has helped but is unable to completely address the stigma and prejudices associated with it. Also Early exposure to psychiatry in medical education can provide a positive experience to medical students including germinating an interest in psychiatry as a career choice among the students.

Method. 42 students of 3rd and 4th year medical school from International Medical University, Malaysia, some without any exposure to psychiatry, were participated in a survey created on a cloud based online survey link and responded to a questionnaire about the attitude and belief towards mental illness as well as Psychiatry as a career choice. The results were analysed and data interpreted.

Result. Most students (85%) though agreed that psychiatry is a rapidly expanding frontier of medicine sadly only 20% stated that it would be one of the top three career choice. Just under the 50% of the students stated that the psychiatric patients are more likely to harm others. About 95% felt that psychiatric consultations of patients with medical and surgical health problems would be helpful and 90% students shared that they would not feel embarrassed about someone from their family if diagnosed with mental illness.

Conclusion. Psychiatric exposure in medical education has been recognised as inadequate in general and often exposing medical students to psychiatry early helps improving the stigma and prejudices associated with mental illness. It will also give them sufficient exposure to assess the illness holistically keeping mental health in mind while treating physically ill people and also may inspire them to choose psychiatry as a career choice in a rapidly developing and conservative country such as Malaysia where mental health services are largely inadequate and is the second biggest health issue.