

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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doi: 10.1192/bjo.2021.359

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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doi: 10.1192/bjo.2021.360

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,