details, clinical exposure, and students' career inclinations towards psychiatry. The questionnaire also explored various reasons influencing their specialty choice, aiming to identify shifts in perspective directly attributable to their internship experience.
Results: A total of 41 students (n=41) participated in the study. There was a notable positive shift in attitudes towards psychiatry observed at the conclusion of the internship. At the start of the rotation, only 29% of students considered choosing psychiatry as a potential career path. By the end of the internship, this figure had increased to 49%. This substantial increase underscores the transformative potential of direct, immersive experiences in altering career considerations among medical students.
Conclusions: Consistent with the literature, the results of this study demonstrate the positive impact that clinical placements in psychiatry can have on medical students' attitudes towards the specialty and their subsequent choice of it as a career path. This improvement highlights the critical role that such internships play not only in enhancing educational outcomes but also in shaping the future workforce in psychiatry. It is evident that integrating robust psychiatric placements into medical training programs is essential for nurturing an informed, motivated, and committed next generation of psychiatrists. Our findings support the continued advocacy for and expansion of these experiential learning opportunities within medical curricula to foster a deeper understanding and appreciation of psychiatry.

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EPV1977

Docimologic analysis of child psychiatry examination

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Introduction: Docimology is the science that assesses the quality of tests and items, based on different indices and coefficients.
Objectives: The purpose of our study was to perform a docimological analysis, based on docimological indices, of the items and exams of Child psychiatry of psychiatry certificates porposed for the students of the Third Year of the Second Cycle of Medical Studies in the Faculty of Medicine of Tunis.
Methods: We carried out a retrospective and descriptive study. We have included the scores of main sessions' psychiatry certificate exam of six academic years (2016-2017 to 2021- 2022). We did not include the scores of this certificate obtained at the control sessions during the period of our study. We carried out a global docimological analysis of the psychiatry exam, of the child psychiatry exam and its items.
Results: We included a total of 2780 exam scripts spread over 12 main sessions. We found an annual pass rate of 96.7% in the psychiatry certificate and 85.3% in the discipline of child psychiatry. The study of the internal homogeneity of the psychiatric tests showed that the Alpha index of Cronbach varied between 0.64 and 0.82 with an average index of 0.74 which corresponds to an internal homogeneity at least acceptable. We found that the maximum scores obtained in the discipline of child psychiatry varied from 16.5 to 19.75 out of 20. The average rate of students, who passed the psychiatry certificate test without passing the discipline child psychiatry, was 11.9%. The questions were easy in 51.7% (62 questions) ans have at least good discrimination in 31.7%. We found also that 25 questions (65,7%) were "ideal".
Conclusions: Child psychiatry examination in the Faculty of Medicine of Tunis meets globally the docimologic recommendations. This is the first step to build up a bank of items regularly enriched with "ideal" questions with metric qualities known in advance.

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EPV1978

Improving External Rotations in Psychiatry Residency Programs: A Mixed-Methods Analysis

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Introduction: External rotations allow psychiatry residents to gain exposure to different clinical settings and practices. However, the availability and quality of these rotations vary significantly across training units. This study evaluates residents' experiences with external rotations and identifies areas for improvement.
Objectives: To assess the time allocated for external rotations in different training units and explore residents' suggestions for improving these rotations.
Methods: A cross-sectional survey was distributed to psychiatry residents in Spain. Quantitative data regarding the total time allowed for external rotations was collected, and qualitative responses were analyzed to identify recurring themes for improvement.
Results: A total of 109 responses were analyzed. Quantitatively, 60% of residents reported being allowed 1 to 3 months for external rotations, while 25% stated they had more than 3 months. Only 15% indicated that external rotations were not offered in their unit. Qualitative analysis revealed that the main areas for improvement included more flexibility in choosing rotation locations (40%), better financial support for rotations outside of the home institution (35%), and greater clarity in the application process for external rotations (25%).

Rotation Time Allowed	Percentage (%)
1 to 3 months	60
More than 3 months	25
No external rotations offered	15

Theme	Percentage (%)
Flexibility in location choice	40
Financial support	35
Clarity in application process	25

Conclusions: The majority of psychiatry residents are allocated 1 to 3 months for external rotations, but many see room for improvement in terms of flexibility, financial support, and clarity in the application process. Enhancing these aspects could make external rotations more accessible and beneficial for residents.

Disclosure of Interest: None Declared

EPV1979

Enhancing Autonomy and Supervision During Psychiatry Residency: A Residents' Perspective

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Introduction: The progressive acquisition of autonomy, balanced with adequate supervision, is essential during psychiatry residency. However, the adequacy of supervision and the smooth transition to autonomy remains a concern among residents. This study evaluates psychiatry residents' perceptions of the current process of acquiring autonomy from the first to fourth year of training.
Objectives: To assess the perceptions of psychiatry residents in Spain regarding the process of progressively acquiring autonomy and how supervision is managed throughout their residency.
Methods: A qualitative analysis was conducted on responses to the survey question: "What should be improved in the progressive acquisition of autonomy and supervision from R1 to R4?" Data from free-text responses were coded thematically, with common themes identified and quantified.
Results: Responses from 109 residents were analyzed. Thematic analysis revealed that 35% of residents emphasized the need for clearer and more structured feedback from supervisors, while 30% suggested more direct supervision during critical learning periods, particularly in the first two years. Additionally, 20% highlighted the inconsistency of supervision across different units, with some units providing much less oversight than others. Other suggestions included better scheduling of supervisory sessions (10%) and more frequent formal evaluations of their autonomy progression (5%).

Theme	Percentage (%)
Structured feedback	35
Increased direct supervision	30
Consistency across units	20
Better supervisory scheduling	10
Formal evaluations of autonomy	5

Conclusions: Residents identified several key areas for improvement in the process of acquiring autonomy, with a particular focus on the need for more structured feedback and increased supervision during the early years of training. Addressing these concerns may improve the overall quality of psychiatric education and resident preparedness.

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EPV1980

Evaluating the Need for Rotation Adjustments in Psychiatry Residency Programs: A Cross-Sectional Study

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Introduction: Psychiatry residency programs in Spain offer diverse clinical rotations to ensure comprehensive training. However, certain rotations may require adjustments in length or structure to meet the evolving educational needs of residents. This study assesses the opinions of psychiatry residents regarding which rotations should be extended, shortened, or maintained.
Objectives: To evaluate the perceived need for adjustments in rotation length across various subspecialties of psychiatry, including child and adolescent psychiatry, dual pathology, and psychotherapy, among others.
Methods: Data was collected through a national survey of psychiatry residents in Spain. Respondents were asked to indicate whether specific rotations should be lengthened, shortened, or maintained. Quantitative analysis was performed on responses for seven key rotations: child psychiatry, dual pathology, psychotherapy, research, neuropsychiatry, community psychiatry, and geropsychiatry.
Results: A total of 109 psychiatry residents participated in the survey. The most frequently requested extension was for geropsychiatry, with 57% of respondents advocating for a longer rotation, followed closely by community psychiatry (48%). In contrast, rotations in research (26%) and child psychiatry (24%) were identified as those most needing to be shortened. Most residents supported maintaining the current duration of dual pathology (86%) and neuropsychiatry (83%) rotations.

Rotation	Shorten (%)	Lengthen (%)	Maintain (%)
Child Psychiatry	24	15	64
Dual Pathology	6	11	86
Psychotherapy	10	17	80
Research	26	22	57
Neuropsychiatry	15	10	83
Community Psychiatry	3	48	55
Geropsychiatry	1	57	48

Conclusions: The results suggest a strong desire among psychiatry residents to extend rotations in geropsychiatry and community psychiatry, while shortening research and child psychiatry. These findings highlight the need for training programs to reevaluate the duration of certain rotations to better align with resident learning needs.

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