Introduction: Exam anxiety is a common and significant issue among university students, negatively impacting academic performance, self-esteem, and overall psychological well-being. Individual differences in psychosocial vulnerability - including social support, coping resources, and pre-existing stressors—may increase susceptibility to anxiety and related psychiatric symptoms in high-stress academic contexts. In recent years, virtual reality (VR) has emerged as a promising tool for the management of anxiety and phobic disorders. However, few studies have explored its effectiveness in preventive interventions, particularly when applied prior to examinations, and its potential role in mitigating anxiety among students with heightened psychosocial vulnerability.
Objectives: Within the multicenter Me.Mo PROBEN project, this study investigates the effectiveness of a Cognitive Behavioral Therapy-based anxiety management program, combined with a virtual reality oral exam exposure module (Cerebrum VR Srl, 2025), in the prevention and reduction of exam-related anxiety and the improvement of academic performance among university students.
Methods: All university students could access the program by registering via QR-code. At baseline (T0), the State-Trait Anxiety Inventory (STAI-Y) and the General Health Questionnaire (GHQ-12) were administered. Additional information was collected regarding exam-related difficulties or blocks, as well as student's perceived satisfaction with their academic performance. The CBT-based training, adapted from the G. Andrews protocol, was delivered through short modules, followed by an immersive VR public speaking session in which students presented an exam topic applying the relaxation techniques learned. State anxiety was measured at T1, and academic performance will be assessed at T2, at semester's end, via a follow-up call interview.
Results: At T0, students exhibited moderate trait anxiety (mean STAI-Y score = 46.7, SD = 5.7) and a moderate level of emotional distress (mean GHQ-12 score = 21.1, SD = 9.3), primarily related to the fear of oral examinations. Forty percent of the sample were students exceeding the expected graduation timeline, reporting being stalled in their exams for at least six months. At the end of the intervention (T1), a reduction in trait anxiety was observed (mean score = 42.5, SD = 4.3). Data collection for T2 is still ongoing. The immersive experience was rated as highly engaging and motivating, particularly the virtual reality exposure phase, which received an average satisfaction score of 8.7/10.
Conclusions: CBT-based anxiety training combined with virtual reality could be an effective approach to preventing exam anxiety in university students, enhancing coping skills and addressing psychosocial vulnerabilities in those at higher risk for anxiety-related psychiatric symptoms.

Disclosure of Interest: None Declared

EPV1694

Teaching Transference and Countertransference Across Medicine

E. M. Jetter[1]*, D. Valle[1], H. Nyugen[1] and B. R. Carr[2]

[1]College of Medicine and [2]Department of Psychiatry , University of Florida, Gainesville, United States
*Corresponding author.
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Introduction: Transference and countertransference, first described by Freud (Freud S. Int J Psychoanal 1912; 12:97-108), reframed by Heimann (Heimann P. Int J Psychoanal 1950; 31:81-84), and elaborated by Racker (Racker H. Transference and Countertransference 1968), are universal in clinical care. Their impact extends beyond psychiatry, as shown by Balint (Balint M. The Doctor, His Patient, and the Illness 1957) and by Melchiode in medical education (Melchiode GA. Am J Psychiatry 1979; 136:1071-1073). Yet while these dynamics shape every encounter, they remain rarely addressed outside psychiatry.
Objectives: To explore how psychoanalytic concepts of transference and countertransference can be applied in medical education to strengthen clinical communication and professional identity formation for physicians in all fields.
Methods: A narrative review of psychoanalytic literature on transference and countertransference was conducted alongside analysis of medical education practices in communication and professionalism. Conceptual integration drew on psychoanalytic teaching traditions to develop strategies for making unconscious dynamics visible and applicable in training.
Results: Introducing transference and countertransference into medical education helps students understand difficult encounters and their own emotional reactions. Teaching strategies to support this integration include (1) Balint-style groups for reflecting on difficult encounters, (2) structured countertransference supervision to help students normalize their reactions, and (3) narrative and reflection exercises linking personal responses to professional identity. These approaches validate emotional experience as a source of clinical insight and resilience.
Conclusions: Teaching transference and countertransference in medical education moves beyond checklist communication skills. It provides learners with a framework for noticing unconscious dynamics, managing their own reactions, and sustaining therapeutic boundaries. Integrating classical psychoanalytic insights with contemporary medical education not only enriches empathy but also supports the resilience and identity formation of future physicians.

Disclosure of Interest: None Declared

EPV1695

Gender differences in self-perceived competence vs. objective knowledge of negative symptoms in Polish Early Career Psychiatrists

A. J. Krupa[1]*, S. Galderisi[2], A. Mucci[2], Z. Sołtys[3], T. Gondek[4], J. Rausch[5] and M. Siwek[1]

[1]Department of Affective Disorders, Jagiellonian University Medical College, Krakow, Poland; [2]Department of Mental and Physical Health and Preventive Medicine, University of Campania "Luigi Vanvitelli", Naples, Italy; [3]Institute of Zoology and Biomedical Research, Laboratory of Experimental Neuropathology, Jagiellonian University , Krakow; [4]Institute of Social Studies, University of Lower Silesia, Wroclaw, Poland and [5]Department of Psychiatry and Psychotherapy, Medical Center – University of Freiburg, Freiburg, Germany
*Corresponding author.
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Introduction: Clinical competences and knowledge about the negative symptoms (NS) of schizophrenia (SZ) represent a vital