interview with a previous study on medical students (Health, lifestyles and academic conditions of medical students in Catalonia, Galatea Foundation, 2010): We can conclude that new junior doctors before starting their speciality training have a better self assessed health status than 4th year students. Their risk of mental disorders is also much lower. They have also reduced their tobacco and alcohol consumption. Nevertheless, they have less physical activity and more overweight. There is a relevant demographic data to take into account: more than a third of new junior doctors come from other countries, mainly from South America, and most of them have studied their degrees abroad. With collected data at the end of their first year of speciality training, we will be able to learn if their health status and lifestyles conditions have worsen after having been exposed to the training psychosocial risk factors. We want to analyse the relationship among junior doctors burnout, working conditions and personal characteristics.

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The impact of less than full time working on you and your team

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Over recent years, a number of articles in the media have raised concerns about the impact of the growing numbers of females entering medical school. The concerns were related to the assumption that many of the female students would later wish to work part time, based around the fact that the vast majority of those currently working part time are female. However, there are many reasons for a doctor to apply to work less than full time, including family and health reasons, all of which could apply equally to both male and female staff. Trainees navigate many transitions during their training, often moving posts every 4 or 6 months. The transition to working part time will have a significant impact, amongst other things, on how trainees work, how they are viewed by others, and the length of their training. Many opt to work less than full time to get a better work-life balance, but then find themselves part time in a full time post where the expectations of the consultant and team as to what they should be able to do during their work time can vary considerably. This poster will detail the reasons that trainees decide to apply to work less than full time and examine both the potential benefits of flexible training as well as the many issues that are encountered by these doctors. The impact that these challenges have on the trainees will be discussed and sources of support examined. As the number of trainees working less than full time continues to rise, the issues raised in this poster are likely to be relevant to all doctors.

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Stress and anxiety in junior doctors

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Introduction: Stress and anxiety in junior doctors has been much-studied. Dudley (1990) states, 'it is recognised that graduation marks a sudden translation from a protected world, into real life, where stress is inevitable'. Work-related stress affects health and morale, results in poor decision-making and communication, and poor relationships with colleagues and patients which may negatively affect patient care (Riley et al, 2004). It is very difficult to predict when stress levels become detrimental to both junior doctors, and the whole NHS. Here, we examine stress and anxiety in foundation doctors, in relation to sick leave, as well as difficulties in talking to colleagues and family/friends. While there are studies investigating junior doctors' sick leave due to infection (Perkin et al, 2003), there are none to our knowledge, examining sick leave and stress or anxiety. Our study therefore offers a novel health economic perspective on this problem. **Methods:** An anonymous, online questionnaire was sent to foundation trainees in 4 midlands hospitals. Participation was entirely voluntary. The questionnaire consisted of 7 'yes/no' and 'Likert scale' questions, which examined anxiety and stress levels, as well as sick leave behaviour. **Results:** When asked if they had ever knowingly taken a day off due to stress or anxiety, 3.2% of respondents (n=1) reported that this was the case. Interestingly, 16.1% (n=5) reported taking a day off that they later realised was due to stress or anxiety. 58.0% of respondents reported 'extremely high' or 'quite high' anxiety levels at the start of FY1, dropping to 38.7% at the time of data collection (mid-year). On rating 'stress' levels, 61.3% reported 'extremely high' or 'quite high' levels of stress on starting as a FY1, dropping to 48.4% at data collection. No participants reported having a diagnosed stress/anxiety disorder. 41.9% of participants reported finding it difficult

to talk to colleagues about work-related concerns. Similarly, 32.3% also found it difficult to talk to family/friends about such issues. **Conclusions:** Our findings have implications in terms of supporting junior medical staff. There is obviously a significant proportion of junior doctors experiencing high levels of anxiety and stress at the start of FY1. In addition, with 16.13% of junior doctors in this study reporting taking a day off they later realised was due to to stress/anxiety (a figure that may well be under—reported), this raises the need for further investigation into this important area, and the need to encourage junior doctors to seek support. Clearly, there are also issues with support networks, with 32.3% unable to talk to family/friends about such work-related issues.

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Depersonalized but vigorous residents: implications for patient – centered care

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Purpose: Patient-centeredness is one of the key components of Quality of Care (QoC) as identified by the Institute of Medicine (IOM). Patient-centered care entails respect of individual patient preferences, needs, and values, and ensures that patient values guide all clinical decisions. Burnout in health professionals is associated with decreased well being, more perceived medical errors and compromised provision of care. These results are more evident among medical residents. In this study we examined which types of jobs demands, burnout and engagement are predicting the provision of patient-centered care and whether burnout/engagement are mediating the relationship between job demands and patient-centered care. **Methods:** A survey was conducted among residents in 5 countries; Greece, Bulgaria, Romania, Turkey and FYROM. Self- reported data on demographic characteristics, workload, patient-centered care, burnout, job engagement were collected. Four types of workload (physical, emotional, cognitive and organizational job demands), were measured with the Hospital Experience Scale (HES). Burnout was measured with Maslach Burnout Inventory (MBI). Engagement was measured with the Utrecht Work Engagement Scale (UWES). Bivariate correlations were conducted to examine the relationships between independent job demands, burnout, job engagement and patient-centered care. Mediation analyses were conducted to assess whether burnout/engagement mediate the relationship between job demands and provision of patient-centered care **Results:** The sample consisted of 550 residents 262 males (47.6%) and 288 females (52.4%), from 5 different countries Greece (n=191), Bulgaria (n=55), Romania (n= 119), FYROM (n=67) and Turkey (n=118). The mean age of participants was 30.4 years (sd= 4.9), the mean working experience at the hospital was 1.87 years (sd= 2.2) and at the hospital unit was 1.56 (sd=.1.81). No significant differences were found between males and females with regard to job burnout or job engagement results. Thirty six percent of the participants reported burnout symptoms. Depersonalization and vigor mediated the effect of organizational and cognitive demands on patient-centered care. **Discussion:** The results confirm existing knowledge linking burnout with compromised quality of care. Organizational and cognitive job demands were found as a significant source of depersonalization and less patient-centered care. Preventing burnout and fostering vigor in residents can be a strategy to increase the patient-centered care in hospitals.

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Transition from student to foundation doctor: a survey of coping mechanisms used by foundation doctors

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Introduction: The transition from being a medical student to a foundation doctor can be stressful [1,2]. A poor work-life balance amongst doctors can have adverse effects on a doctor's performance, educational training and ultimately patient outcomes [3,4]. Here we assess the effects that the transition from medical school to junior doctor has had on the work-life balance of some junior doctors and the coping mechanisms used to address this issue. **Method:** An anonymous questionnaire consisting of 10 questions was sent to 41 Foundation Year 1 Doctors asking them to rate certain aspects of their work-life balance. In total 25 replies were received. Doctors were asked to list their coping mechanisms and give advice for future foundation doctors in dealing with the transition from being a student to a doctor. **Results:** An average score of 2.72 (out of 5) was given to the experience from being a medical student to a junior doctor from a personal perspective. Work-life balance was very important (average score 4.88 out of 5). Coping mechanisms ranged from socialising/speaking to family and friends - most frequent to alcohol – most infrequent . Most candidates (64%) did not feel