

promote understanding and empathy for people with a diagnosis of PD; to equip trainees with skills they can immediately use for therapeutically engaging patients with PD; to introduce the evidence-based treatments that underpin these techniques; and to increase confidence in offering therapeutic clinical encounters for patients with PD.

Methods. A single teaching session was designed and delivered to core psychiatry trainees in three components. First, an interactive lecture was delivered on the theory of personality disorder as understood by two evidence-based psychotherapies: Mentalization-Based Treatment (MBT) and Transference-Focused Psychotherapy (TFP). Second, techniques from both were introduced as skills they can readily apply to clinical practice. Lastly, role-play scenarios with original scripts were worked through to highlight theory and techniques. Evaluation was conducted through anonymous participant-rated scores matched to learning objectives pre- and post-delivery of teaching.

Results. 20 participants (n = 20) completed the evaluation. 90% of respondents agreed/strongly agreed that they frequently encountered patients with PD. There was high pre-existing confidence in recognising PD in clinical practice; this was little changed by the teaching. Before the teaching, 45% of respondents agreed/strongly agreed with the statement saying they are confident offering clinical encounters for patients with PD; this changed to 90% post-delivery. Pre-delivery, 45% agreed/strongly agreed they possessed skills they could use clinically for PD; this increased to 75% post-delivery. Pre-delivery, 60% agreed/strongly agreed that they can generally empathise with people with PD; this increased to 90% post-delivery. Self-rated knowledge of evidence-based treatments for PD increased for both MBT (20% pre-delivery to 85% post-delivery) and TFP (15% to 75%). 95% of respondents agreed/strongly agreed that they will try out new skills learnt from the session. 100% of respondents agreed/strongly agreed that the teaching was overall useful.

Conclusion. This study shows it is possible to make positive effects on trainee confidence, knowledge and skill in relation to PD in a short and one-off timeframe. Future efforts should include attempts to replicate these findings on larger numbers of participants, across different training and non-training medical grades and in non-medical staff. Future evaluation should also observe if positive changes are sustained across time or lead to improvements in clinical outcomes and patient satisfaction.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Narrative Review of Learning Methods for Junior Doctors Around Presenting Evidence at Mental Health Review Tribunals

Dr Kenn Cheng Keat Lee*

Pennine Care NHS Foundation Trust, Bury, United Kingdom

*Presenting author.

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Aims.

Introduction:

During involuntary hospital commitment, patients are detained and receive treatment involuntarily without prior judicial authorisation. Instead, detentions are scrutinised after-the-fact through mental health review tribunals (MHRTs), where psychiatrists must satisfy the panel that hospital detention is the least restrictive

option. Such settings are different from what doctors are typically trained to do – namely provide care to willing patients. Yet, presenting evidence at MHRTs is part of regular psychiatric practice. Thus, doctors training in psychiatry would need to learn this skill.

Objective:

Review the available literature on learning methods that are effective at developing junior doctors' capability to present evidence at MHRTs.

Methods.

Methodology:

Seven electronic databases (Medline, Embase, PsycINFO, Web of Science, Education Source, ERIC, Westlaw UK) were searched for studies evaluating the teaching/training of junior doctors to deliver evidence at MHRTs and related settings (inquests, criminal courts), published within the last 25 years. Due to the heterogeneity in methodology, the studies were reviewed narratively.

Results. 2,206 articles were found, of which six met criteria (four quasi-experimental studies, two qualitative studies). All quasi-experimental studies were from the UK whilst both qualitative studies were of non-UK origin. Sample sizes were uniformly small (3–16 participants) or unclear/undocumented (2 studies). One study revolved around interprofessional learning in criminal court setting. The remainder were about MHRTs, using a mix of modalities (simulation = 2, workshop = 1, lecture with demonstration = 1, instructional document = 1). Simulation, lecture with demonstration, and workshop were effective at developing skills in oral presentation and being cross-examined. All methods were effective at developing report writing skills. However, articles mainly assessed efficacy through pre/post self-assessment of confidence without control/comparator.

Discussion:

MHRT guidelines indicate hands-on learning as mainstay of how doctors develop their capabilities in MHRT. However, this is not reflected in or supported by the published evidence. Likewise, evidenced methods (e.g. simulation, workshops) are resource-intensive and may be difficult to replicate at scale. Additionally, identified articles lacked clear articulation of the pedagogy or theory underpinning the learning, though they appeared constructivist in nature.

Conclusion. The literature around training junior doctors to deliver evidence at MHRT is underdeveloped. Current standard methods are not supported by evidence whilst evidence-backed methods may be difficult to implement cohort-wide. What evidence that exists is weak and based on subjective self-assessment. Further research on the topic is needed, both around standard training/learning methods and more objective methods of assessing efficacy.

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Multiple Mini Journal Clubs to Improve Malaysian Trainee Psychiatrists' Critical Appraisal Skills

Dr Jiann Lin Loo^{1*}, Dr Muhammad Arif Muhamad Rasat², Dr Noor Melissa Nor Hadi³ and AP Dr Nicholas Tze Ping Pang⁴

¹Betsi Cadwaladr University Health Board, Wrexham, United Kingdom; ²Royal Prince Alfred Hospital, Sydney, Australia;

³Universiti Putra Malaysia, Serdang, Malaysia and ⁴Universiti Malaysia Sabah, Kota Kinabalu, Malaysia

*Presenting author.

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Aims. The skill of critical appraisal is mandatory for evidence-based psychiatric practice although the process of learning can be tough for busy psychiatrist trainees. Ironically, reading alone does not translate into skill acquisition. The accessibility to conventional journal clubs may also be limited for doctors working in busy non-academic training centres. Therefore, attending an intensive workshop on critical appraisal skills can be a viable solution. This study elucidated the experience of using an innovative approach, i.e. Multiple Mini Journal Clubs (MMJC), to improve Malaysian trainee psychiatrists' critical appraisal skills.

Methods. A one-day workshop was conducted for 19 participants who were preparing for MRCPsych Paper B, using the combination of 1) a pre-recorded video lecture with a two-hour question and answer session; 2) three 45-minute stations in a group of three persons to practice critical appraisal of a cross-sectional, a validation, and a randomised controlled study. A standardised approach, i.e. Critical Appraisal in Five Expressed Steps (CAFES), was used by facilitators. CAFES involved asking and answering the following big heading questions while incorporating other standard critical appraisal techniques under each of the headings: 1) What is the research question; 2) Can the research methodology answer the question; 3) Does the result make sense; 4) Are the findings translatable to my setting; 5) How to improve the study if I were to conduct a similar study. Three formative assessments were carried out using Single Best Answer and Extended Matching Items. Qualitative feedback and informed consent were collected.

Results. Hundred per cent of participants agreed that their objective of attending the workshop had been achieved through the MMJC, i.e. learned both the theory and skill of critical appraisal which allowed immediate translation into practice during the MMJC. Nevertheless, there was no statistical difference in participants' achievement for pre-, mid- and post-workshop formative assessments, i.e. median of 7/25, 7/28, and 8/27 respectively. Positive responses toward MMJC included less performance anxiety in a small group, active interaction, individualised feedback, and fun. The challenges faced included the need for strict time management and a big group of facilitators. Suggestions for improvement included the extension of the workshop duration and breaking up the lecture into several sessions.

Conclusion. Further improvement and re-evaluation of the effectiveness of MMJC is required to optimise learning outcomes.

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Leadership Development as a Medical Educational Fellow in Psychiatry: Reflection After Two Years

Dr Jiann Lin Loo* and Mrs Andrea Taylor-Clutton

Betsi Cadwaladr University Health Board, Wrexham, United Kingdom

*Presenting author.

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Aims. The disruptive force of the COVID pandemic has highlighted the importance of leadership for all medical educationists to prepare the future workforce with the ever-changing healthcare practice. Early career medical educators must attain leadership skills as early as possible. The only way to learn leadership is through experiential learning, i.e. learning while leading. Therefore, this self-study is aimed to share the reflection on the journey of a psychiatrist specialist trainee from North Wales in leading different psychiatric educational projects.

Methods. This is self-study research on the reflective experience of working as a medical educational fellow while undergoing specialist training in psychiatry from January 2022 to December 2023. The data reflected were sourced from publications, end-of-project reports, meeting minutes, participant and peer feedback, personal records, educational portfolios, and appraisals.

Results. Nine psychiatric educational quality improvement projects (QIPs) had been conceptualised and implemented, i.e. three series of mock exams (Special Preparation in CASC Exam), continuous coaching and mentoring in portfolio-based learning (Café of RCPsych Portfolio), continuous mentorship in academic writing (Mini North Wales-Academic and Research Clinic), continuous peer supervision in psychotherapy (Gogledd Cymru-Peer Supervision in Psychiatry), mock interview for job application, digitalisation of departmental induction, psychopathology training (3P: Psychopathology for Postgraduate Psychiatrists Trainee), and two international collaborative educational programmes (Perinatal Psychiatry Perinatal and Infant Psychiatry Educational Programme of Wales, Tanzania, and Malaysia; and Bhutan Old Age Psychiatry Educational programme). Five peer-reviewed publications had been completed while the other academic writings were ongoing. Three of the projects (33.3%) were expanded from a Welsh initiative to the whole United Kingdom and a bigger team was formed to ensure sustainability could be achieved. Two projects (22.2%) started as an international collaborative project. All projects provided opportunities for the members of the QIP to obtain workplace-based assessments and evidence for yearly appraisal while improving the educational experience of trainees and professionals in the field of mental health.

Conclusion. All challenges come with the opportunities to be innovative in problem-solving. Communication skills and people management are crucial for resource gathering and conflict resolution. Lastly, talent development is required as part of the effort to sustain all the projects.

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Consult, Connect, Collaborate: Cross-Sector Approach to Recruitment and Retention in Psychiatry

Dr Nina MacKenzie^{1,2*} and Dr Alastair Cook^{1,2}

¹Scottish Government, Edinburgh, United Kingdom and ²NHS Lanarkshire, Motherwell, United Kingdom

*Presenting author.

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Aims. Mental ill-health is one of Scotland's most pressing challenges, with an expectation of increased workload for health services. There are substantial vacancies in psychiatry specialties. Fill rates for core psychiatry training in Scotland have improved dramatically, filling at 100% since 2020. However, higher training fill rates have remained lower, with 68% filled in 2022. In response, the Scottish Government established a working group to examine the issues, both common and unique, to the whole psychiatry pipeline from training through to the consultant workforce, over two phases. The group aims to:

- Set out the current landscape.
- Consider the factors which influence recruitment and retention.
- Collate and analyse quantitative and qualitative evidence.
- Develop a set of recommendations.