

Attendees included members of the nursing team and allied health professionals (ward managers, mental staff nurses, nursing assistants, student nurses, pharmacy technicians etc.).

Post-Teaching questionnaires filled out after each session rating understanding before and after teaching.

Topics included the commonest physical health conditions on old age mental health wards, including physical observations monitoring and interpretation.

One overall feedback questionnaire was also obtained at the end of all sessions.

**Results.** Participants emphasised improvement in their level of knowledge and confidence in spotting signs and symptoms as well as derangements in all topics covered.

They reported feeling more included and heard as a member of the team, feeling more confident to escalate abnormal findings to ensure patient reviews. This is evidenced by comments and ratings on feedback forms.

All respondents believed that the teaching sessions should continue as 87.5% felt they were very helpful, while the remaining 12.5% rated it reasonably helpful (4/5).

**Conclusion.** While the physical health aspect of patients may be easy to overlook or neglect in mental health settings, continuous creation of awareness through interactive teaching sessions can improve staff knowledge and confidence. We need to re-emphasize the importance of a good working relationship between the nursing team and medics to improve the physical health of our patients (while caring for their mental health) and ultimately ensure patient safety at all times.

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### Improving Public Awareness of Climate Anxiety: A Medical Student Led Initiative

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**Aims.** Climate change, and the effects thereof, present challenges in all domains of life. Mental wellbeing is an often-overlooked area when considering the direct and indirect impact of climate uncertainty. Worrying about the outcome of current and future climate events and experiencing distress at the perceived lack of action taken by world leaders has given rise to reports of climate anxiety. Whilst not a diagnosable psychiatric illness, individuals experiencing climate anxiety report to experience excessive worry and fear that may impair activities of daily living. In addition, anxiety over the climate and environmental matters may exacerbate existing conditions such as generalised anxiety disorder (GAD).

**Methods.** In an effort to raise public awareness of climate anxiety, a leaflet was designed by medical students for dissemination in General Practice surgeries, along with an interactive electronic version of the leaflet being made available for online dissemination. The World Health Organization's (WHO) guidance on health literacy in empowering communities and diverse audiences was adopted in the design of the leaflet. Key information was reported using interactive means that enabled the audience to engage with the content of the leaflet and to consider the impact of climate anxiety on mental wellbeing. A survey was embedded at

the end of the leaflet, using a QR code, to collate feedback from the public and from clinicians on the usefulness and educational value of the leaflet.

**Results.** The leaflet was shared with General Practitioners affiliated with the School of Medicine at Cardiff University, to disseminate at their surgeries, and was promoted by online and social media channels affiliated with the School of Medicine. Members of the public reported that the leaflet highlighted the importance of mental health considerations in relation to the climate crisis and provided a good overview of climate anxiety. Clinicians also reported the overall usefulness of the leaflet as a resource of information on climate anxiety.

**Conclusion.** Climate anxiety is a relatively new phenomenon that most people are not familiar with or know little about. Raising public awareness of the impact the climate crisis might have on mental wellbeing is crucial. Of equal importance is improving clinical awareness of climate anxiety as a risk or perpetuating factor of existing anxiety and/or mood disorders, such as GAD.

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### The Expert Patient Clinic (QI Project): A Meaningful New Community Psychiatry Training Experience for Medical Students

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**Aims.** Psychiatry is predominantly a community specialty, but large medical school cohorts and limited outpatient learning opportunities mean students report a lack of experience in community mental healthcare. They describe clinicians lacking time to teach in busy clinics, or patients declining student presence. Consequently, many Foundation Doctors will first experience working with outpatients when they sit down to their first clinic! Our aim, quite simply, was to remedy this gap.

**Methods.** The Psychiatry Teaching Unit at Derbyshire Healthcare is in the vanguard of patient involvement, with a large group of Expert Patients (EPs) having extensive lived experience of inpatient/outpatient psychiatric care, and medical education delivery.

We co-produced an Expert Patient Clinic to replicate a psychiatric outpatient clinic, with students acting as psychiatrists, reviewing Expert Patients. Students work in groups, taking turns as doctor/observer. Each 'appointment' is followed by tailored feedback.

The tasks are themed as follows:

Patient-specific review: a more 'technical' task e.g. reviewing medication changes and side effects, or using measurement tools to assess signs and symptoms.

Psychosocial review: considering social circumstances, activities of daily living and personal functioning.

Current mental health review: assessing mental state, subjective and objective signs and symptoms of mental health problems, and concerns, ideas and expectations for care and intervention.

Sessions are facilitated by a psychiatrist, Lived Experience Facilitator (EPs formally employed as educators) and a senior clinical nurse educator.

Pre- and post-session we ask students to assess/rate their confidence and competence in reviewing outpatients, discussing risk, and planning care, in an outpatient appointment.

**Results.** Results so far are overwhelmingly positive with both written and numerical feedback acknowledging a significant improvement in student confidence and self-rated competence across the board. A chart in our poster shows the large increases in self-rated Likert scales measuring aspects outlined above. Qualitative verbal feedback outlines the value of having a session with real patients where they can try consultation techniques and receive instant feedback, and learning through discussing with EPs their individual stories and clinical histories. Accounts from EPs document their own learning from the sessions and development of skills in giving feedback.

**Conclusion.** The EP Clinic provides an opportunity for students to experience clinical responsibility and practise in a safe environment with real patients. It provides valuable, realistic and high quality experience in community psychiatry without the disappointments often unavoidable in live clinical services.

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### The Portfolio Pathway to Specialist Registration; Success in CESR for Applicants and Trusts

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**Aims.** In line with the 2023 legislative change and move to the New Standard of CESR, this will be an informative and educational presentation directed at CESR applicants, and Local Trusts who wish to implement support for CESR. With this suite of support we aim to dispel concerns relating to CESR.

**Methods.** Mapping guidance to the New Standard of CESR. Production of College guidance in line with the legislative changes, to support success in CESR. Building a CESR Network for all stakeholders.

**Results.** Delivery of training, a suite of guidance and CESR Roadshows across the four nations.

**Conclusion.** Creating awareness and spreading communication. Ongoing support for Applicants, Trusts and other CESR stakeholders. Clarity for Applicants, particularly in relation to which Cohort to select, what evidence to include and how to submit a successful application first time.

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### “Boys Will Be Boys” - the Medicolegal Implications of Gender Disappointment

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**Aims.** Gender disappointment can be defined as the subjective feelings of sadness when discovering the sex/gender of their child is the opposite to what the parent had hoped or expected. Wanting a boy (or “son preference” as referred to in some of the literature) has been noted for generations in many cultures, particularly in South and East Asian communities, however, is now becoming more recognised in the UK, Europe and North America.

This article aims to improve understanding of gender disappointment, as well as discuss the ethical, political and medico-legal implications of such potentially high-risk cases in clinical, forensic and social care practice.

**Methods.** The poster reviews the key statutory literature and legal guidance in England, USA and South-East Asia specifically affecting women and girls around discussions on gender equality and reproductive rights. It also discusses high profile cases (e.g. Supreme Court decision to overturn the Roe vs Wade case) and the potential implications on reproductive health and mental well-being.

The poster also discusses the international practices influencing birth rate (such as the one child policy in China, and concerns of the dropping fertility rate in countries such as Japan), and how this, combined with deep-rooted cultural beliefs around sex and gender for preference of a son, may influence the wider socio-political discourse.

Finally the poster discusses the medico-legal and perinatal-forensic interface of gender disappointment if left unnoticed during the perinatal period, namely the risk of the possible immediate consequences of unwanted pregnancy (such a late termination, pregnancy denial and neonaticide), and the longer term risks of being an “unwanted girl” - such as violence against women and girls, forced marriage and domestic violence.

**Results.** Gender Disappointment is a common but often missed presentation in multicultural populations. Although at present it is not identified as a distinguishable ICD-11 Diagnosis, it has the potential to impact on one’s mental health during the perinatal period, and may also influence ethical and medico-legal decision making, such as in complex cases of requests for late termination of pregnancy.

**Conclusion.** In conclusion, there is little dialogue surrounding gender disappointment which has led to misunderstanding and the potential for serious political and medico-legal repercussions and risk. My hope is that this article may act as the catalyst for a more nuanced discussion on gender issues in mental health, in collaboration with obstetric, social, forensic and criminal justice services to tackle this complex subject.

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### One-Off Focused Teaching Can Improve Trainee Confidence, Knowledge and Skillset in Understanding and Therapeutically Engaging People With a Diagnosis of Personality Disorder

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**Aims.** To design, deliver and evaluate teaching for psychiatry trainees on personality disorder (PD) with the following objectives: to