

both quantitative and qualitative analysis used for this study. A pre training and post training questionnaire was provided to participants. This study collected quantitative data in the form of Likert scale questionnaire as a primary approach to test the hypothesis. The qualitative data was collected by open ended questions. The qualitative part is to understand the trainee's problems and what improvements have to be made in the workshop, to generate a structural model for effective practical psychotherapy training.

The sample consists of 13 Psychiatry Core Trainees at different levels of their training and 1 speciality doctor. 14 feedback questionnaires were available, 1 questionnaire was excluded as it did not fit the inclusion criteria.

Results. The paired *t*-test was used for all the three quantitative questions: Knowledge of psychotherapy, Theoretical and Clinical Application of Psychotherapy. The *t*-test showed the difference between pre-and post-questionnaires scores to be statistically significant (p value < 0.05). So, we reject the Null Hypothesis. The effect size was large, with Cohen's *d* score > 0.8 for all three questionnaires.

Thematic analysis of Qualitative data was done. Codes were formed from the supporting quotes. Themes were derived from the similar codes. Four themes were created:

- Challenges experienced by core trainees.
- Emotions and confidence.
- Knowledge acquired.
- Suggestions for improvements.

Conclusion.

1. We can conclude that the Psychotherapy workshop was effective, and the Core Trainees have better insight than before.
2. The qualitative analysis results were in accordance with the quantitative analysis.
3. Challenges experiences by trainees in managing their own emotions were addressed in the training. Quote (IV) "it was very good! calmed nerves."
4. There was increase in knowledge and confidence among trainees.
5. Suggestions were full day of training and to have more role playing; to demonstrate the psychological concepts like transference, countertransference, defences, resistances in role play.

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.

A Novel Model for Student-Led Justice, Equity, Diversity and Inclusion Training at a UK Medical School

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Aims. It was identified that at Warwick Medical School (WMS) there was no provision for in-person, student-led Justice, Equity, Diversity, and Inclusion (J, E, D&I) training for both staff and students. A novel approach using case-based studies and group discussions was developed through a student-staff collaboration with the aim of participants gaining a greater understanding of the impact of various institutional practices, from the perspective of students with first-hand experience of the

subject matter. The training aimed to promote a greater understanding of intersectionality, and how institutional practices can disproportionately disadvantage students depending on their identity, experience, and background. Participants were encouraged to reflect upon the cumulative effects of systemic disadvantages in higher and medical education. The subsequent impact upon academic attainment, mental health and wellbeing was a further focus.

Methods. Around 350 students and staff from across WMS attended the training sessions over 6 months. These sessions were led by a team of student facilitators who possessed subject expertise in topics related to J, E, D&I, in addition to representing the communities that were discussed in terms of inclusion. The content was delivered in the form of case-based scenarios and small and wider group discussions. Content was based on discussions surrounding racism, classism, ableism, homophobia, sexism, Islamophobia, and transphobia. Discussion was encouraged and facilitated to promote reflection on personal practices and acknowledgement of where future efforts to improve practice should be directed.

Results. Results indicate statistically significant shifts in participant knowledge and confidence levels in pre-post survey data, with qualitative feedback emphasising the strength of the student-led format. Faculty and students commented on the benefit of student-led case-based teaching and student facilitator reflections highlight personal growth and the challenges of navigating power dynamics.

Conclusion. Overall, this project illustrates the efficacy of a student-led change initiative in fostering inclusivity and positive change within educational environments and provides an original model to explore for future partnership-working across the medical school. The student-led approach facilitated mutual learning between staff and students, bringing greater focus to how student attainment and wellbeing can be impacted by institutional practices.

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A Practical Guide to Developing a Research Communication Strategy for Low Income and Middle-Income Countries

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Aims. Despite increasing research activities in low- and middle-income countries (LMICs), the impact of research is challenging to measure and assess, given the myriad of systemic challenges that exist in these settings. Socio-political constraints, limited education prospects, cultural stigma, restricted access to training and development, and the poor research infrastructure in low-resource settings contribute to the widening gap between evidence and policy, and in turn, creates serious barriers to mental health care in these countries. One of the main barriers to the effective implementation of research in LMIC settings is poor governance and dissemination. Given the lack of standard

guidelines, there is an unmet need to develop a communication framework that will strengthen the implementation of evidence-based findings in policy and practice. As a first step towards this goal, our aim was to develop a research communication strategy to enhance research outcomes in LMICs.

Methods. We conducted a narrative synthesis to understand the key factors which may be used to measure both the reach and depth of research impact and communication within LMIC settings.

Results. Our analysis outlined metrics and indicators of research impact including academic outputs, social media insights, capacity building, Patient, Public Involvement & Engagement, policy development, collaboration and partnership, and health and economic benefits. Based on our findings, we formulated steps to support the development of a research communication strategy which has the potential to guide an effective research impact framework and ultimately help bridge the evidence-treatment gap in LMICs. 1) Identify stakeholder groups, 2) Employ Theory of Change approaches and community engagement, 3) Explore channels of communication, 4) Developing a 'Plain English' summary, 5) Incorporating cultural and contextual factors, 6) Leverage digital technology and social media.

Conclusion. Participatory approaches to research communications are of paramount importance in informing and implementing evidence-based findings in low-resource settings. Research communication is a prerequisite to the development of an effective impact assessment framework that supports the prioritisation of key areas of public mental health in low-resource settings. Developing a comprehensive communication strategy which leverages culturally appropriate communication strategies targeted at diverse stakeholder groups, may amplify research impact, under a holistic framework which prioritises the delivery of evidence-based mental health care in LMICs.

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User Experience of Generating PSPDPs on Portfolio Online Amongst Psychiatry Trainees and Trainers

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Aims. The Royal College of Psychiatrists (RCPsych) introduced the new psychiatry training curriculum in February 2022. Since then there have been various updates in both the e-portfolio platform and curriculum requirements.

A survey was undertaken to understand issues experienced in navigating these changes by psychiatry trainees and supervisors within the Black Country Healthcare NHS Foundation Trust (BCHFT), specifically assessing the generation of Placement Specific Personal Development Plans (PSPDPs) for each training placement.

The aim of this study was to survey user experience and reflect on the results to identify how best to support trainees and supervisors in using PSPDPs, a key curriculum requirement, with greater ease and confidence.

Methods. The survey comprised tailored questionnaires distributed to two cohorts- trainees (30) and supervisors (37) within the

BCHFT. Anonymised responses were collected over one month. Likert scales were used to determine (a) confidence levels in setting up PSPDPs, (b) confidence in mapping activities to both PSPDPs and the curriculum, and (c) user-friendliness of RCPsych guidelines on this topic. Checklists and free-text responses were used to assess which support resources were being utilised by both groups. Suggestions were requested on how the whole process could be improved.

Results. Amongst trainees (response rate 63%), 78% did not feel confident in setting up PSPDPs. 94.7% sought additional support in PSPDP setup, of which peer support was the most utilised (77.8%). Other resources included the RCPsych website and emails as well as supervisors. 58% of trainees lacked confidence in linking activities to PSPDPs and the curriculum. Only 10.5% of the trainees found the RCPsych Implementation Hub user friendly.

In the supervisor cohort (40% response rate), 64% of the trainers felt confident in guiding their trainees in setting up PSPDPs. 85% utilised support from various sources including the Implementation Hub (91.7%), trainees (58.3%) and peers (50%). 64.2% of supervisors found the RCPsych website user friendly.

Conclusion. Common themes that emerged were that both trainees and supervisors felt the process of setting up PSPDPs was quite complex, with a confusing web interface. Resources on the RCPsych website required better signposting. Both cohorts felt they would like additional training e.g. step by step videos and training sessions (local peer trainee and supervisor run sessions were found useful).

This feedback has identified the importance of arranging local training sessions to improve engagement. Additionally, we hope that relaying this feedback to RCPsych may influence future systemic changes.

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Improving Physical Health Knowledge of Mental Health Nurses on an Organic Old Age Psychiatry Ward, Woodlands Unit, RDASH, Rotherham site

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Aims.

- 1) To improve the confidence of the nursing team in ensuring initial assessment and escalation of physical health concerns on an organic old age psychiatry ward, Glade ward, Woodlands unit, RDASH Rotherham.
- 2) To equip them with the knowledge needed to recognise and promptly escalate concerns about physical health to medics.
- 3) To foster the relationship between the nursing team and medics to facilitate communication between both teams for the improvement of physical health care of mental health patients.

Methods. Eight weekly teaching sessions were organised and delivered by FY1 and CT1, with each session lasting 10–30 minutes. Short 10-minute teachings followed by questions and answers. Topics were at the request of nursing staff and included physical observations, sepsis, head injury etc.