

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

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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

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