

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.

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.

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

Dr Aradhana Gupta^{1*} and Dr Pallavi Chandra²

¹Black Country Healthcare NHS Foundation Trust, Walsall, United Kingdom and ²Black Country Healthcare NHS Foundation Trust, Sandwell, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.298

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

Dr Lauren Hartley^{1*} and Dr Femi Osukoya²

¹Rotherham Teaching Hospitals, Rotherham, United Kingdom and

²Sheffield Teaching Hospitals, Sheffield, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.299

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.

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

Dr Athanasios Hassoulas*, Ms Abigail Finnie and Ms Emily Shore

Cardiff University School of Medicine, Cardiff, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.300

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

Dr Jason Holdcroft-Long^{1*}, Mrs Natalie Dean¹, Ms Meg Rayner¹ and Ms Elizabeth Mullins²

¹Derbyshire Healthcare NHS Foundation Trust, Derby, United Kingdom and ²University of Nottingham, Nottingham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.301

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.