

**Methods.** A representative group was convened, including SG Health Workforce and Mental Health Directorates, NHS Education for Scotland (NES), the Royal College of Psychiatrists Scotland, Health Board representatives (Associate Medical Directors, Clinical Directors, Directors of Medical Education) and trainee doctors. Representatives offer first-hand experience of training and working in psychiatry, knowledge and expertise in training programme management, workforce modelling data analysis, experience of a range of approaches to improve health workforce recruitment (including the use of financial incentives). The group has met 4 times since May 2023, with SG Health workforce directorate providing secretariat support.

**Results.** Through the formation of this group, several areas affecting recruitment and retention were, and continue to be, addressed: enhanced exposure to psychiatry via FY1 simulation training, and increased number of FY2 psychiatry placements; the design and recruitment of clinical development fellow doctors; flexibility of training posts and the expansion of run through training programmes; using data to better support workforce modelling; trainee support, including tailored IMG support; the use of attraction campaigns and incentives in other devolved nations/specialties; alternative ways to provide clinical supervision; examining diversification of the MH workforce; international and domestic recruitment options.

**Conclusion.** Several actions have been identified and progressed as the work of the group develops. Work is ongoing, and its impact will take time to emerge. This cross-functional group encouraged connectivity, conversation and network-building, striving to amplify differences and reduce power differentials, challenging traditional views. However, as with groups of this nature, there could be internal conflict where members fight strongly for 'their corner'. Such a broad membership affects the development of a cohesive identity. Membership is largely voluntary, and so competing demands from the members' existing responsibilities adds time pressure and stress, impacting commitment and productivity.

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### Emotional Intelligence (EI) Workshops for Core Trainee Psychiatry Doctors

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**Aims.** Emotional Intelligence (EI) is a skill that can help doctors be more effective leaders, work well with others and display the ability of self-control in stressful situations so one is able to act in a calm and rational manner. It is defined as the awareness of one's own emotions and emotions in others and how this affects behaviour. It is a skill that can be developed to allow doctors to manage their emotions to support personal strengths, solve problems and influence the performance of others for positive outcomes.

In the new Core psychiatry curriculum, under 5.1 Team work, trainees are to demonstrate an awareness of how individual personal qualities, emotions and behaviours of both yourself and your team, impact on teamworking and the quality of patient care.

The aim of the workshop was to uncover the definition, science and core components of EI, to reflect on one's own EI and to commit to developing an action plan for building EI skill.

**Methods.** 4 small group-based interactive virtual workshops took place on a monthly basis from September 2022 till December 2022. They were facilitated by a Psychiatry Higher Trainee Emotional Intelligence Practitioner. 28 Black Country Healthcare NHS Foundation trust Core trainees (CT1-CT3) were invited. 60% (17) of trainees attended the 1 hour workshop and completed anonymous feedback at the end of the workshop.

**Results.** 94% of attendees completed anonymous post-workshop feedback. The results showed the following: 100% agreed that the workshop clearly stated and met the objectives, 100% agreed that the workshop covered useful material, 100% felt that it was practical to needs and interests of trainees, 100% felt it was applicable to professional and personal life including mental wellbeing, 100% agreed that the workshop enabled them to reflect on EI skills that can be applied to work, 94% felt that the workshop is relevant and useful to doctors and 100% of participants would recommend this workshop to Psychiatry Doctors and Doctors from other specialities.

**Conclusion.** It can be concluded that all CT doctors who participated in the EI workshops found them helpful and relevant within their Core Psychiatry Training Programme. All participants found the benefits applicable to both professional and personal life as well as enhancing mental wellbeing. This is reflected by the positive and encouraging anonymous feedback results. Developing awareness of emotions and self-awareness is part of the new Psychiatry curriculum and therefore some teaching/training should be made available to trainee doctors.

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### Ten Years of Inspiration and Impact: The RANZCP Psychiatry Interest Forum

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**Aims.** To illustrate the scale and impact of the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) Psychiatry Interest Forum (PIF) ten years since its inception.

**Methods.** Member data from 2013–2023 was analysed alongside recent event and engagement activity survey results, as well as qualitative feedback from medical students and prevocational doctors who took part in PIF engagement activities.

**Results.** PIF attracts and inspires the next generation of Australian and New Zealand psychiatrists.

It is a stepping stone into the RANZCP Fellowship program, and has a particular focus on increasing interest in rural careers and supporting more First Nations medical students and pre-vocational doctors into psychiatry.

PIF events, sponsorships, scholarships and information achieves this by:

- providing a starting point for learning and exploring the specialty of psychiatry
- fostering interest in psychiatry among medical students and junior doctors

- creating a safe and enabling environment to explore the specialty, create networks, and build connections
- challenging common misconceptions about psychiatry and reduce associated stigma
- increasing applications to the RANZCP Fellowship program.

Established in September 2013 the program now has over 5,100 members.

In 2023, the program achieved its highest annual number of new members joining to date, with 1,056 medical students and junior doctors choosing to join PIF. That year, 77% of all new trainees that joined the Fellowship pathway were former PIF members.

Survey data from PIF members who took part in the PIF program hosted at the Perth Congress in 2023 demonstrated that:

- 100% reported an increase in psychiatry knowledge following Congress.
- 82% reported their likelihood of pursuing psychiatry had increased following Congress, and 18% reported 'no change', as they reported strong certainty prior to the Congress attendance.
- 75% reported that the PIF networking sessions helped clarify misconceptions or stigmas that they previously held about psychiatry following Congress.

The voices of PIF members best illustrates the influence that inspirational experiences like these can have on future career directions:

*'My favourite part of the PIF Congress was the ability to interact with likeminded PIF peers and psychiatrists and trainees from all over Australia and New Zealand. Another PIF member had said "I feel like I've found my tribe" which is a comment I particularly resonated with.'*

**Conclusion.** Ten years on, PIF continues to expand its reach and impact to increase the pipeline of psychiatry trainees in Australia and Aotearoa New Zealand.

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## Case Based Learning in Psychiatry: Use of Interactive Presentation Software and Fictional Narrative

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**Aims.** Undergraduate Psychiatry placements often struggle to provide the bedside teaching familiar to students from other specialties. Efforts to reproduce this experience in tutorials can be impaired by lack of interactivity, high student-to-teacher ratio, and use of mostly didactic pedagogy. Psychiatry trainees have provided weekly tutorials in 'Clinical Skills' to University of Glasgow students on Psychiatric placement for several years. Unfortunately, these tutorials suffered from poor attendance, poor engagement, and difficulty recruiting facilitators. We created an afternoon of teaching structured around three presentations of a fictional patient in a narrative fashion aimed at solving these issues and providing excellent experience for students.

**Methods.** Together with Glasgow University tutors, we selected Learning Objectives that would benefit from additional formal

teaching. We then created a fictionalised patient narrative incorporating presentations of self-harm, delirium and postnatal depression. Teaching materials were created using mentimeter.com to allow for maximal engagement and interactivity. The content included brief summary slides, groupwork, Word-Clouds, anonymous quizzes, and simulated clinical encounters/roleplay. Custom illustrated vignettes accompanied each scenario to increase verisimilitude. The day is delivered by three Psychiatry trainees to up to forty students in their penultimate week of placement. Feedback is gathered digitally and anonymously on the day. **Results.** 77/80 students invited attended. 71 (92%) completed feedback: 100% ranked the day positively - either "very helpful" (85.9%) or "somewhat helpful" (14.1%). Students advised it was "extremely useful" preparation for both clinical placements (73.2%) and exams (88.7%). All attendees provided free-text remarks; quotes include "One of the best teaching days I've been to" and "Best teaching of the block". 84.5% felt "very involved" in the day and the word "interactive" was used 30 times in freetext. When asked on what could be improved, the most common response was "another session" (34%).

**Conclusion.** Recruitment to Psychiatry relies on positive experiences during placement. Retention of Psychiatrists relies on providing rewarding and varied working experiences. Our hope is that successful events like this support both aims. The creative use of narrative, illustrated vignettes, roleplay and interactive questions afforded excellent engagement and enjoyable experiences for student and facilitator, as reflected in the feedback.

Going forward, we plan to refine this case and develop another. We are seeking review and design input from patient representatives and EDI experts. Comparison of students' exam outcomes and feedback from the replaced tutorials is also planned. Use of this format across other specialties is also being pursued.

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## To Improve Higher Trainees' Experience With Out of Hour (OOH) Working Through Local Induction Programme

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**Aims.** Out-of-hours ('on-call') work can be perceived as daunting by junior doctors. When psychiatry trainees progress from core trainee to higher trainee, what entails 'on-call' work often shifts dramatically. Current allocation policy in Yorkshire and Humber Deanery means most of the higher trainees (HTs) begin their first on-call as a HT in a trust where they have never worked before. This frequently entails navigating an unfamiliar patient record system and various OOH care pathways in a new work environment, which can make the first few on-call shifts extremely stressful and potentially increase the risk of clinical errors.

We aim to evaluate the on-call experiences among higher trainees, collect feedback on ways of improving induction programme