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.

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.

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 Chandra[2]

[1]Black Country Healthcare NHS Foundation Trust, Walsall, United Kingdom and [2]Black Country Healthcare NHS Foundation Trust, Sandwell, United Kingdom
*Presenting author.

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

---

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 Osukoya[2]

[1]Rotherham Teaching Hospitals, Rotherham, United Kingdom and [2]Sheffield Teaching Hospitals, Sheffield, United Kingdom
*Presenting author.

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.