

Pre- and post-session we ask students to assess/rate their confidence and competence in reviewing outpatients, discussing risk, and planning care, in an outpatient appointment.

Results. Results so far are overwhelmingly positive with both written and numerical feedback acknowledging a significant improvement in student confidence and self-rated competence across the board. A chart in our poster shows the large increases in self-rated Likert scales measuring aspects outlined above. Qualitative verbal feedback outlines the value of having a session with real patients where they can try consultation techniques and receive instant feedback, and learning through discussing with EPs their individual stories and clinical histories. Accounts from EPs document their own learning from the sessions and development of skills in giving feedback.

Conclusion. The EP Clinic provides an opportunity for students to experience clinical responsibility and practise in a safe environment with real patients. It provides valuable, realistic and high quality experience in community psychiatry without the disappointments often unavoidable in live clinical services.

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The Portfolio Pathway to Specialist Registration; Success in CESR for Applicants and Trusts

Mrs Sarah Holmes^{1*} and Dr Neeraj Berry²

¹RCPsych, Cardiff, United Kingdom and ²RCPsych, London, United Kingdom

*Presenting author.

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Aims. In line with the 2023 legislative change and move to the New Standard of CESR, this will be an informative and educational presentation directed at CESR applicants, and Local Trusts who wish to implement support for CESR. With this suite of support we aim to dispel concerns relating to CESR.

Methods. Mapping guidance to the New Standard of CESR. Production of College guidance in line with the legislative changes, to support success in CESR. Building a CESR Network for all stakeholders.

Results. Delivery of training, a suite of guidance and CESR Roadshows across the four nations.

Conclusion. Creating awareness and spreading communication. Ongoing support for Applicants, Trusts and other CESR stakeholders. Clarity for Applicants, particularly in relation to which Cohort to select, what evidence to include and how to submit a successful application first time.

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“Boys Will Be Boys” - the Medicolegal Implications of Gender Disappointment

Dr Chrisanthy Jayarajah*

Central and North West London, London, United Kingdom

*Presenting author.

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Aims. Gender disappointment can be defined as the subjective feelings of sadness when discovering the sex/gender of their child is the opposite to what the parent had hoped or expected. Wanting a boy (or “son preference” as referred to in some of the literature) has been noted for generations in many cultures, particularly in South and East Asian communities, however, is now becoming more recognised in the UK, Europe and North America.

This article aims to improve understanding of gender disappointment, as well as discuss the ethical, political and medico-legal implications of such potentially high-risk cases in clinical, forensic and social care practice.

Methods. The poster reviews the key statutory literature and legal guidance in England, USA and South-East Asia specifically affecting women and girls around discussions on gender equality and reproductive rights. It also discusses high profile cases (e.g. Supreme Court decision to overturn the *Roe vs Wade* case) and the potential implications on reproductive health and mental well-being.

The poster also discusses the international practices influencing birth rate (such as the one child policy in China, and concerns of the dropping fertility rate in countries such as Japan), and how this, combined with deep-rooted cultural beliefs around sex and gender for preference of a son, may influence the wider socio-political discourse.

Finally the poster discusses the medico-legal and perinatal-forensic interface of gender disappointment if left unnoticed during the perinatal period, namely the risk of the possible immediate consequences of unwanted pregnancy (such a late termination, pregnancy denial and neonaticide), and the longer term risks of being an “unwanted girl” - such as violence against women and girls, forced marriage and domestic violence.

Results. Gender Disappointment is a common but often missed presentation in multicultural populations. Although at present it is not identified as a distinguishable ICD-11 Diagnosis, it has the potential to impact on one’s mental health during the perinatal period, and may also influence ethical and medico-legal decision making, such as in complex cases of requests for late termination of pregnancy.

Conclusion. In conclusion, there is little dialogue surrounding gender disappointment which has led to misunderstanding and the potential for serious political and medico-legal repercussions and risk. My hope is that this article may act as the catalyst for a more nuanced discussion on gender issues in mental health, in collaboration with obstetric, social, forensic and criminal justice services to tackle this complex subject.

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One-Off Focused Teaching Can Improve Trainee Confidence, Knowledge and Skillset in Understanding and Therapeutically Engaging People With a Diagnosis of Personality Disorder

Dr Sil-Jun Lau* and Dr Daniel Meek

South London and Maudsley NHS Foundation Trust, London, United Kingdom

*Presenting author.

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Aims. To design, deliver and evaluate teaching for psychiatry trainees on personality disorder (PD) with the following objectives: to

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.

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Narrative Review of Learning Methods for Junior Doctors Around Presenting Evidence at Mental Health Review Tribunals

Dr Kenn Cheng Keat Lee*

Pennine Care NHS Foundation Trust, Bury, United Kingdom

*Presenting author.

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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

Dr Jiann Lin Loo^{1*}, Dr Muhammad Arif Muhamad Rasat², Dr Noor Melissa Nor Hadi³ and AP Dr Nicholas Tze Ping Pang⁴

¹Betsi Cadwaladr University Health Board, Wrexham, United Kingdom; ²Royal Prince Alfred Hospital, Sydney, Australia;

³Universiti Putra Malaysia, Serdang, Malaysia and ⁴Universiti Malaysia Sabah, Kota Kinabalu, Malaysia

*Presenting author.

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