

Aims. The skill of critical appraisal is mandatory for evidence-based psychiatric practice although the process of learning can be tough for busy psychiatrist trainees. Ironically, reading alone does not translate into skill acquisition. The accessibility to conventional journal clubs may also be limited for doctors working in busy non-academic training centres. Therefore, attending an intensive workshop on critical appraisal skills can be a viable solution. This study elucidated the experience of using an innovative approach, i.e. Multiple Mini Journal Clubs (MMJC), to improve Malaysian trainee psychiatrists' critical appraisal skills.

Methods. A one-day workshop was conducted for 19 participants who were preparing for MRCPsych Paper B, using the combination of 1) a pre-recorded video lecture with a two-hour question and answer session; 2) three 45-minute stations in a group of three persons to practice critical appraisal of a cross-sectional, a validation, and a randomised controlled study. A standardised approach, i.e. Critical Appraisal in Five Expressed Steps (CAFES), was used by facilitators. CAFES involved asking and answering the following big heading questions while incorporating other standard critical appraisal techniques under each of the headings: 1) What is the research question; 2) Can the research methodology answer the question; 3) Does the result make sense; 4) Are the findings translatable to my setting; 5) How to improve the study if I were to conduct a similar study. Three formative assessments were carried out using Single Best Answer and Extended Matching Items. Qualitative feedback and informed consent were collected.

Results. Hundred per cent of participants agreed that their objective of attending the workshop had been achieved through the MMJC, i.e. learned both the theory and skill of critical appraisal which allowed immediate translation into practice during the MMJC. Nevertheless, there was no statistical difference in participants' achievement for pre-, mid- and post-workshop formative assessments, i.e. median of 7/25, 7/28, and 8/27 respectively. Positive responses toward MMJC included less performance anxiety in a small group, active interaction, individualised feedback, and fun. The challenges faced included the need for strict time management and a big group of facilitators. Suggestions for improvement included the extension of the workshop duration and breaking up the lecture into several sessions.

Conclusion. Further improvement and re-evaluation of the effectiveness of MMJC is required to optimise learning outcomes.

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.

Leadership Development as a Medical Educational Fellow in Psychiatry: Reflection After Two Years

Dr Jiann Lin Loo* and Mrs Andrea Taylor-Clutton

Betsi Cadwaladr University Health Board, Wrexham, United Kingdom

*Presenting author.

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Aims. The disruptive force of the COVID pandemic has highlighted the importance of leadership for all medical educationists to prepare the future workforce with the ever-changing healthcare practice. Early career medical educators must attain leadership skills as early as possible. The only way to learn leadership is through experiential learning, i.e. learning while leading. Therefore, this self-study is aimed to share the reflection on the journey of a psychiatrist specialist trainee from North Wales in leading different psychiatric educational projects.

Methods. This is self-study research on the reflective experience of working as a medical educational fellow while undergoing specialist training in psychiatry from January 2022 to December 2023. The data reflected were sourced from publications, end-of-project reports, meeting minutes, participant and peer feedback, personal records, educational portfolios, and appraisals.

Results. Nine psychiatric educational quality improvement projects (QIPs) had been conceptualised and implemented, i.e. three series of mock exams (Special Preparation in CASC Exam), continuous coaching and mentoring in portfolio-based learning (Café of RCPsych Portfolio), continuous mentorship in academic writing (Mini North Wales-Academic and Research Clinic), continuous peer supervision in psychotherapy (Gogledd Cymru-Peer Supervision in Psychiatry), mock interview for job application, digitalisation of departmental induction, psychopathology training (3P: Psychopathology for Postgraduate Psychiatrists Trainee), and two international collaborative educational programmes (Perinatal Psychiatry Perinatal and Infant Psychiatry Educational Programme of Wales, Tanzania, and Malaysia; and Bhutan Old Age Psychiatry Educational programme). Five peer-reviewed publications had been completed while the other academic writings were ongoing. Three of the projects (33.3%) were expanded from a Welsh initiative to the whole United Kingdom and a bigger team was formed to ensure sustainability could be achieved. Two projects (22.2%) started as an international collaborative project. All projects provided opportunities for the members of the QIP to obtain workplace-based assessments and evidence for yearly appraisal while improving the educational experience of trainees and professionals in the field of mental health.

Conclusion. All challenges come with the opportunities to be innovative in problem-solving. Communication skills and people management are crucial for resource gathering and conflict resolution. Lastly, talent development is required as part of the effort to sustain all the projects.

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Consult, Connect, Collaborate: Cross-Sector Approach to Recruitment and Retention in Psychiatry

Dr Nina MacKenzie^{1,2*} and Dr Alastair Cook^{1,2}

¹Scottish Government, Edinburgh, United Kingdom and ²NHS Lanarkshire, Motherwell, United Kingdom

*Presenting author.

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Aims. Mental ill-health is one of Scotland's most pressing challenges, with an expectation of increased workload for health services. There are substantial vacancies in psychiatry specialties. Fill rates for core psychiatry training in Scotland have improved dramatically, filling at 100% since 2020. However, higher training fill rates have remained lower, with 68% filled in 2022. In response, the Scottish Government established a working group to examine the issues, both common and unique, to the whole psychiatry pipeline from training through to the consultant workforce, over two phases. The group aims to:

- Set out the current landscape.
- Consider the factors which influence recruitment and retention.
- Collate and analyse quantitative and qualitative evidence.
- Develop a set of recommendations.