

both quantitative and qualitative analysis used for this study. A pre training and post training questionnaire was provided to participants. This study collected quantitative data in the form of Likert scale questionnaire as a primary approach to test the hypothesis. The qualitative data was collected by open ended questions. The qualitative part is to understand the trainee's problems and what improvements have to be made in the workshop, to generate a structural model for effective practical psychotherapy training.

The sample consists of 13 Psychiatry Core Trainees at different levels of their training and 1 speciality doctor. 14 feedback questionnaires were available, 1 questionnaire was excluded as it did not fit the inclusion criteria.

Results. The paired *t*-test was used for all the three quantitative questions: Knowledge of psychotherapy, Theoretical and Clinical Application of Psychotherapy. The *t*-test showed the difference between pre-and post-questionnaires scores to be statistically significant (p value < 0.05). So, we reject the Null Hypothesis. The effect size was large, with Cohen's *d* score > 0.8 for all three questionnaires.

Thematic analysis of Qualitative data was done. Codes were formed from the supporting quotes. Themes were derived from the similar codes. Four themes were created:

- Challenges experienced by core trainees.
- Emotions and confidence.
- Knowledge acquired.
- Suggestions for improvements.

Conclusion.

1. We can conclude that the Psychotherapy workshop was effective, and the Core Trainees have better insight than before.
2. The qualitative analysis results were in accordance with the quantitative analysis.
3. Challenges experiences by trainees in managing their own emotions were addressed in the training. Quote (IV) "it was very good! calmed nerves."
4. There was increase in knowledge and confidence among trainees.
5. Suggestions were full day of training and to have more role playing; to demonstrate the psychological concepts like transference, countertransference, defences, resistances in role play.

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.

A Novel Model for Student-Led Justice, Equity, Diversity and Inclusion Training at a UK Medical School

Ms Isabelle Gallier-Birt*, Ms Emily Róisín Reid, Mx George Webster and Ms Mary Bowley

University of Warwick, Coventry, United Kingdom

*Presenting author.

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Aims. It was identified that at Warwick Medical School (WMS) there was no provision for in-person, student-led Justice, Equity, Diversity, and Inclusion (J, E, D&I) training for both staff and students. A novel approach using case-based studies and group discussions was developed through a student-staff collaboration with the aim of participants gaining a greater understanding of the impact of various institutional practices, from the perspective of students with first-hand experience of the

subject matter. The training aimed to promote a greater understanding of intersectionality, and how institutional practices can disproportionately disadvantage students depending on their identity, experience, and background. Participants were encouraged to reflect upon the cumulative effects of systemic disadvantages in higher and medical education. The subsequent impact upon academic attainment, mental health and wellbeing was a further focus.

Methods. Around 350 students and staff from across WMS attended the training sessions over 6 months. These sessions were led by a team of student facilitators who possessed subject expertise in topics related to J, E, D&I, in addition to representing the communities that were discussed in terms of inclusion. The content was delivered in the form of case-based scenarios and small and wider group discussions. Content was based on discussions surrounding racism, classism, ableism, homophobia, sexism, Islamophobia, and transphobia. Discussion was encouraged and facilitated to promote reflection on personal practices and acknowledgement of where future efforts to improve practice should be directed.

Results. Results indicate statistically significant shifts in participant knowledge and confidence levels in pre-post survey data, with qualitative feedback emphasising the strength of the student-led format. Faculty and students commented on the benefit of student-led case-based teaching and student facilitator reflections highlight personal growth and the challenges of navigating power dynamics.

Conclusion. Overall, this project illustrates the efficacy of a student-led change initiative in fostering inclusivity and positive change within educational environments and provides an original model to explore for future partnership-working across the medical school. The student-led approach facilitated mutual learning between staff and students, bringing greater focus to how student attainment and wellbeing can be impacted by institutional practices.

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A Practical Guide to Developing a Research Communication Strategy for Low Income and Middle-Income Countries

Ms. Bushra Ali Shah¹, Dr. Nadeem Gire^{2*}, Mr. Syed Kashif¹, Mr. Salman Farooqui³ and Mr. Mohamad Khalifa Fofana⁴

¹Pakistan Institute of Living and Learning, Karachi, Pakistan;

²University of Bolton, Manchester, United Kingdom; ³Global Mental Health Cultural Psychiatry Group, Manchester, United Kingdom and

⁴University of Manchester, Manchester, United Kingdom

*Presenting author.

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Aims. Despite increasing research activities in low- and middle-income countries (LMICs), the impact of research is challenging to measure and assess, given the myriad of systemic challenges that exist in these settings. Socio-political constraints, limited education prospects, cultural stigma, restricted access to training and development, and the poor research infrastructure in low-resource settings contribute to the widening gap between evidence and policy, and in turn, creates serious barriers to mental health care in these countries. One of the main barriers to the effective implementation of research in LMIC settings is poor governance and dissemination. Given the lack of standard