and disorder-related topics (delirium, generalised anxiety disorder, emotionally-unstable personality disorder, attention-deficit hyperactivity disorder); while the physical health topics included cardiology, dermatology, infectious diseases, etc.). There were also videos on stigma, interesting contemporary topics around public health and healthcare education. One of the videos was a collaborative work with The Royal College of Physicians, elaborating on the personal and non-clinical facet of journey in medical school. As of the day of submission, the number of followers was 1710. Qualitative feedback from the audiences was generally positive. There were frequent requests from audiences for videos on specific medical topics.

Conclusion. A creative generation requires a creative approach in outreach. The strength of this initiative is the low-cost production nature and it is freely accessible by anyone with internet access. In the future, more videos which involve debunking medical myths and history of medicine can be added. The main challenge is finding time to write the script, rehearse and record. Although the effectiveness and efficiency of this innovative initiative requires a systematic evaluation, passions in sharing medical knowledge using social media have kept this initiative alive.

Enhancing Innovation and Creativity Amongst Trainees in Psychiatry: Linking the Clinical Practice, Academic, and Social Experiences

Dr Lopez Okhiai* and Dr Jiann Lin Loo

Betsi Cadwaladr University Health Board, Wrexham, United Kingdom
*Presenting author.

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Aims. In the face of constant and rapid changes in the landscape of medical practices especially psychiatry, innovation and creativity are essential competencies for all trainees to remain future-proof and competent in facing the future healthcare-related challenges. Recognising this, the General Medical Council (GMC) has highlighted the need for trainees to undertake any form of quality improvement initiatives to improve patients' care, which trainees can struggle with. This article is aimed to share the authors reflective experience on how to improve their creativity during their training in psychiatry.

Methods. This is a self-study based on the authors' personal reflections on experiences on promoting innovation and creativity in academic and non-academic work.

Results. One of the beginning points of learning how to be creative is to learn from others on how to formulate a question that can be answered using research. It can be achieved by reading journals, attending conferences, and watching up-to-date webinars. By modelling others, their ideas can be translated to local practice through adaptation which essentially involves the process of innovative work. Once a person has become more adept in asking questions, deliberate observation in clinical practice helps to consolidate creativity and ideas. With an appropriate level of curiosity, everyone's experience can potentially be transformed into research questions. Effort needs be invested to review available literatures. This will help to construct a clear picture of what is available and what is the gap that has yet to be filled in, i.e., the opportunity of improvement through innovation and creativity. Working in groups allows collaborative problem-solving approaches, which is a good platform to spark new ideas. It is common to encounter obstacles and pitfalls where perseverance is crucial as a trainee can explore alternative ways of problem-solving, which again is a source of innovation.

Conclusion. From the experience of the authors, a broad-based creative exploration is helpful at the initial stage and further narrowing of focus once a creative idea has taken off is important to ensure the vision of a project is achieved. Erich Fromm once said creativities requires the letting go of certainties. The core nature of psychiatry, i.e., the uncertainties is not a limitation but an opportunity to be capitalised. Rather than telling ourselves what is not possible, ask the question of "how can I do this differently".

Redeveloping Leadership Training for Higher Trainees in the West Midlands

Dr Devika Patel[1], Dr Shay-Anne Pantall[2]*, Dr Humaira Aziz[2] and Dr Feroz Nainar[3]

[1]Coventry and Warwickshire Partnership NHS Trust, Coventry, United Kingdom; [2]Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom and [3]Birmingham Community Healthcare NHS Foundation Trust, Birmingham, United Kingdom
*Presenting author.

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Aims. Many of the competencies that trainees in psychiatry are required to achieve can be linked to leadership in the broadest sense, yet specific training is not often systematically provided. The West Midlands Psychiatry Leadership Development Programme aims to support the acquisition of important leadership skills already set out in the curriculum through provision of high-quality specialist leadership content within the existing programme. Here we present the findings of a scoping exercise exploring the views and attitudes towards leadership training held by higher trainees in psychiatry within the West Midlands.

Methods. All psychiatry higher trainees within West Midlands Deanery were invited to complete an anonymous online survey using Survey Monkey in November 2021. This survey incorporated questions about their preferred learning styles, confidence in their leadership skills and barriers to accessing leadership opportunities, generating both quantitative and qualitative data.

Results. Key results included:

- 37 responses were received. All subspeciality training programmes were represented. Almost half of respondents (46%) were ST6 or above and most were in training full time (84%).
- Trainees expressed a preference for experiential learning about leadership (87%) as well as small group teaching (62%) and interactive workshop style content (62%).
- Awareness of leadership opportunities was typically via their peer group (81%) or clinical supervisor (60%). Only 52% of trainees were aware of leadership opportunities within the Deanery.
- Only 54% felt that existing leadership training met their curriculum requirements. Less than half of trainees (46%) felt confident to evidence their leadership experience within their training portfolio.
- One-fifth of trainees (21%) reported experiencing barriers to leadership development. These included: inadequate awareness of opportunities, lack of senior support, time constraints and difficulty matching interests with available opportunities.

Conclusion. Trainees expressed interest in the redevelopment of a regional leadership training programme which would support them to achieve their curriculum competencies and prepare

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them for life as a consultant psychiatrist. The new multi-faceted regional leadership programme will offer resources in a variety of formats including webinars, podcasts, optional interactive workshops and action learning sets. It is hoped that this flexible programme, linked to the Medical Leadership Competency Framework, will better meet the needs of higher trainees as they pursue their own personal leadership journeys.

Setting Up a Cultural Psychiatry Group (CPG) at Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) – the Achievements, the Pitfalls and What We Have Learnt

Dr Megan Parsons*, Dr Razan Saeed and Dr Zulfiquar Fathima

Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom
*Presenting author.

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Aims. Whilst psychiatry training is both demanding and enjoyable, we feel that the theory does not fully capture what we see in our everyday work. For many of our patients, it fails to contextualise their experience within their socio-politico-economic environment. Working with patients with different ways of seeing, knowing and being necessitates an awareness of one's own and the other's sociocultural world in order to build an empathetic and empowering doctor-patient partnership.

We started a CPG with the hope of exploring resources from those whose perspectives are often left out of our training experience, with a view towards integrating these voices together with our clinical experiences and training program. We aimed to create a space where we could regularly explore the experiences of ourselves, our patients, and the societies in which we work, reflecting on the conscious and unconscious roles we inhabit.

Our aims for the space were to: recognise that everyone will have something valuable to contribute. Cultivate a space where people feel able to share openly. Maintain the safety of the space through compassion and accountability. - Show willingness to be uncomfortable but continue engaging in order to learn together.

Methods. In Spring 2021, four Core Psychiatry Trainees from BSMHFT met together to plan a trust-wide CPG. There were three clear cycles of CPG meetings, the first consisting of member led sessions, the second outside speaker led sessions and the third an amalgamation of the two. Meetings were continually reviewed throughout each cycle with more formal evaluation and alteration at the end.

Results. The first part of the discussion focuses on what went well with the themes being:

- Developing habits of lifelong learning
- Developing relationships with peers and the community
- Creating space for self and group reflection
- Developing transferable skills (leadership, management, teamwork).

The second part of the discussion focusses on the problems that the group encountered and how they were overcome. The main themes being:

- Technology
- Communication
- Engagement
- Management.

Conclusion. At an individual level, this experience has been challenging but rewarding and we have received overwhelmingly positive feedback. Locally, the BSMHFT CPG has been invited to work with our trust on their "inequality strategy", as well as universities and organisations represented by outside speakers. Nationally, the blueprint laid out in our conclusion aims to help those wanting to set up a similar group in their area benefit from our experience.

Balint Group Sessions for Medical Students, a Pilot Study

Dr Annette Ros*, Dr Abby Older, Dr Eleanor Gaynor, Dr Bayode Shittu, Dr Christopher Bu and Dr Kathia Sullivan

Cheshire and Wirral Partnership NHS Foundation Trust, Merseyside, United Kingdom
*Presenting author.

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Aims. Core trainees in psychiatry all complete a year of Balint group sessions. These sessions are invaluable, as improved awareness of our own thoughts and feelings is a crucial part of our development as clinicians. We considered that it may have been helpful to have started these sessions at an earlier stage of medical training, for example, in medical school.

Methods. We approached the University of Liverpool School of Medicine and proposed a pilot Balint programme with 4th year medical students rotating through psychiatry in Cheshire Wirral Partnership Trust.

Sessions were conducted in 4-week blocks, corresponding with the students' psychiatry rotations. To allow sufficient time for all students to contribute in each hour-long session, groups were limited to a maximum of 7 students. Each group was allocated 2 facilitators and was conducted on Microsoft Teams because of COVID-19-related restrictions. Facilitators had fortnightly supervision with a consultant psychotherapist.

At the end of each 4-week block, anonymous feedback was collected. Small alterations were made to the programme during the course of the pilot in response to attendance rates, punctuality and feedback.

Results. 18 (approximately 50%) of the students from the first 3 cohorts submitted feedback:

- All said the experience helped them reflect more on their interactions with patients and colleagues and improved their insight into how others think/feel in caring for patients.
- 94% said they enjoyed it; they thought they would use the skills they had developed; and they would participate again in future if given the option.
- 83% said 4 sessions was 'just right', 11% said 'not enough' and 6% said 'maybe too much';
- 72% rated their overall experience of the programme as 'excellent,' 17% as 'good,' 11% as 'fair'.

Free-text feedback was positive. Students valued the opportunity to reflect on the emotions and interpersonal dynamics experienced in clinical scenarios. Critical feedback was mostly around a preference to have sessions face-to-face and a desire to have more sessions.

As facilitators, the experience has helped us increase our reflective capacity and gain confidence in leading, managing group dynamics and setting boundaries.

Conclusion. Student experience of the Balint programme was positive for the majority. From a facilitator perspective, we found the experience rewarding and beneficial for professional development. Currently only approximately 1/3 students rotate through this trust and can therefore benefit from the sessions. This pilot study provides supporting evidence for extending the scheme to all 4th year Liverpool University medical students.

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