

for up to 6 rotations, meaning those finishing CT3 could retrospectively review all their placements. The data were analysed by the project leads, grouped into themes, and anonymised.

Results. We received responses for a total of 57 posts from 23 core trainees (total trainees July 2022 = 71), some of whom responded for multiple posts. Types of posts reviewed included: General Adult (40.4%), Older Adult (24.6%), Child and Adolescent Mental Health (8.8%), Forensics (7%), Learning Disability (5.3%) and Psychotherapy/Liaison (3.5%). 10.5% of responses did not specify the speciality. Overall, respondents strongly recommended 51.8% (n=29) and recommended 12.5% (n=7) of posts to other trainees. Respondents strongly did not recommend 5.3% (n=3) and did not recommend 1.8% (n=1) of posts to other trainees. Positive themes included having a range of experiences and a supportive team. Trainees valued having a range of cases with appropriate autonomy. They liked having a job that was busy enough to gain the required experience but not too busy to impede training and learning opportunities. An accessible and supportive supervisor who provided regular supervision with completion of work based placed assessments was also important. Negative themes included lack of regular supervision and heavy workload, which impacted a trainee's ability to attend teaching and participate in other aspects of professional development. Feedback for inpatient posts suggested that physical health obligations sometimes limited training opportunities.

Conclusion. Our results have shown that training needs are varied between trainees. It is therefore important that trainees have honest discussions with their supervisors about their needs and areas for development. Overall, trainees would recommend the majority (64.3%) of posts reviewed, however areas for improvement were highlighted. These may include extra training opportunities and increased physical health support. The main limitation of our evaluation was the low survey uptake (32.4%) in comparison to total trainee numbers. We hope that sharing our findings with both trainers and trainees will improve future responses.

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.

Improving Education Around High-Risk Psychotropic Medication in Supported Living Facilities

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Aims. Of the medication-related incidents that have been reported in supported living placements, many involved high-risk psychotropic medications such as Clozapine, Lithium and Sodium Valproate. An evaluation of these incidents found problems with administration and inadequate monitoring. Consequently, a virtual education programme was commissioned to educate support staff in living placements in South West Hertfordshire which showed strong positive evidence that the training session improved learning and management surrounding psychotropic medication. This education programme has now been expanded to supported living facilities in the North of the trust to further ameliorate safe medication management and care provision within these placements.

The aim of this teaching programme is to provide an educational platform to improve the knowledge and risks associated with Clozapine, Lithium and Sodium Valproate in an effort to reduce medication-related incidents within the placements.

Methods. Virtual training was developed and delivered for support staff across supported living facilities in the Northern directory of the trust. This teaching was collaboratively designed and delivered by a multidisciplinary team including pharmacists, doctors and nurses. The virtual nature of the session lent increased accessibility to staff members from various regions.

Results. 28 staff members from 6 support living facilities covering a resident population of over 65,000 people attended the 3-hour virtual education programme. Quantitative studies run on the pilot lecture in the high-risk psychotropic learning programme found strong evidence that this training leads to increased understanding of the administration, management and risk profiling of the aforementioned high-risk medication.

Conclusion. Education surrounding high-risk medication will reduce long-term incidences of medication-related adverse events. The expansion of this learning programme to the entirety of the Hertfordshire trust is a step further in improving patient care within local mental health services.

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“The Only Way Is Up; Lets Do It!” - a Quality Improvement Project for Physical Health Improvement for Patients Diagnosed With Schizophrenia at a CMHT in Glasgow Using Smart Interventions

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Aims. Cardiovascular death is the leading cause of early mortality in patients with schizophrenia. We audited physical health monitoring (via Lester tool) of all patients diagnosed with schizophrenia over the past year. There were 163 patients, 60% were up-to-date on blood tests, but only 28% had an up-to-date ECG. We found poor documentation of lifestyle risk factors (smoking/alcohol/weight) and recording of interventions that were offered to modify these. We felt it was important to try a pro-active model of engagement and intervention in order to improve outcomes and empower patients in collaboration with GPs.

Methods. A subset of the cohort (35 patients) were invited along for an all-inclusive check up with a doctor at the psychiatry clinic (blood tests, discussion and advice regarding lifestyle risk factors and on-site ECG utilising the new Kardia 6L) lasting 30 minutes. Information was collated and then distributed via a letter to the GP, the consultant psychiatrist and the patient.

Results. Of the 35 patients invited to attend the physical health check-up, 18 (51%) attended. All patients then underwent physical health monitoring and discussion of how to improve their risk factors. The Kardia6L allowed for QTc monitoring to occur quickly and easily in the outpatient setting and was liked and accepted by patients. We found that most patients were overweight (88%) and were undertaking less than 30 minutes of exercise a day (50%). Half of the patients required active medical