Aims. A Patient Reported Outcome Measure (PROM) is a form that patients complete about their health status at a single point in time. The Recovering Quality of Life (ReQoL) questionnaire is a new PROM, developed in partnership with mental health service users to enable them to report on their mental state, and can be utilised by clinicians to track progress. The Commissioning for Quality and Innovation (CQUIN) framework set a target that 40% of adult and older adult patients accessing secondary mental health services should have their PROM recorded at least twice in a 6-month period. The primary aim of this quality improvement project was for 50% of patients under the Kent and Medway NHS Trust (KMPT) to be ReQoL compliant.

Methods. Following engagement with various stakeholders, a survey was circulated to better understand the barriers stopping staff from facilitating ReQoL completion. Moreover, a poster was created to raise awareness of ReQoLs and illustrate the practicalities behind gathering and recording patient scores. Additionally, local 'champions' were assigned for each community/inpatient mental health team to foster a sense of responsibility for PROM collection. Data on PROM compliance was obtained monthly, with meetings subsequently organised to scrutinise the results and brainstorm further ideas to drive improvement, such as providing patients with paper ReQoL copies to fill out in advance of their consultation/ward round.

Results. The survey revealed that 23% of staff were unfamiliar with the ReQoL questionnaire, and only 31% routinely obtained and inputted ReQoLs. A lack of time to assist patients in filling out PROMs was the main barrier cited by staff, alongside ambiguity as to whose job it was to ensure ReQoL collection. Through the distribution of the poster, the establishment of local leads and other changes such as the paper ReQoL initiative, there was a notable uptick in the rates of PROM completion. Indeed, over a 4-month period, compliance rose locally from 46% to 61% at the acute inpatient unit, and from 0 to 21% in the community mental health service. However, over KMPT as a whole, change was modest.

Conclusion. This was a successful quality improvement project, resulting in an increase in PROM completion rates, especially at a local level. The measures implemented, particularly the poster and formation of ReQoL leads, were effective – although more work and participation is required to change Trust-wide compliance. Future ideas include adding a ReQoL tool into nurse/doctor clerking templates to reduce friction in completing PROMs.

Creating a Simulated On-Call Scenario to Measure Stress and Improve Confidence in Medical Students

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Aims. Previous literature has reported that medical students are objectively and subjectively more stressed than the general population. The transition between medical school and commencing a career as a foundation doctor can cause a significant amount of stress. The first aim was to investigate stress and anxiety and how this may impact performance, with the aim being to better understand stress in medical students about to embark on a career as a doctor. The second aim was to create a simulated 1-1 on-call shift scenario to allow final year medical students to practice the skills and improve confidence.

Methods. 16 final year medical students from two UK medical universities took part in a simulated on-call scenario acting as the foundation year 1 doctor. During the scenario, participants were scored on their performance. Fitbits measured heart rate data as an objective measure of stress. Subjective data was collected using the State-Trait Anxiety Inventory (STAI). They were asked a series of questions regarding their confidence before and after the scenario.

Results. Participants reported higher states of anxiety after the on-call simulation compared with a regular day on placement (t=-6.93, p <0.001). There was a trend between reported higher levels of state anxiety and lower performance scores (r=-0.475, p=0.063.) There was no correlation between average heart rate and reported levels of state anxiety (r=0.452, p=0.105). Prior to the on-call scenario participants reported their confidence as follows; 26.09% no confidence, 65.22% slightly confident, 8.7% somewhat confident, 0% confident/very confident. After the scenario participants reported their confidence as follows; 4.35% no confidence, 34.78% slightly confident, 52.17% somewhat confident, confident 8.7% and 0% very confident. 100% of participants reported that they would recommend the session to colleagues.

Conclusion. The results highlight that an on-call scenario has a significant impact on the feelings of stress in medical students. It also shows that stress can have a negative impact on performance. However, experience completing a simulated on-call scenario helped to improve confidence and was recommended to colleagues. Future research should aim to further investigate acute stress in a real-life setting and use objective measures of stress. Over time researchers should aim to create a targeted intervention aimed at supporting medical students and junior doctors during their on-call and provide opportunities to improve confidence.

Fantastic Lists and Where to Find Them: Implementation of Centralised Jobs Lists Into Psychiatric Workplaces

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Aims. This quality improvement project aims to address the current gaps in safe handover between doctors on psychiatric wards by implementing a "live jobs list" that can be remotely accessed and edited by all members of the ward medical team. It should create accountability between different members of the medical team and allow colleagues to track which jobs have been started, completed or are not yet assigned; avoiding duplication or non-completion of outstanding ward tasks.

Methods. Qualitative surveys were sent out to junior doctors working within inpatient psychiatric wards. The survey focussed on identifying the opinions of doctors about jobs lists and their views regarding collaborative vs. individualised lists. The survey was sent out prior to creating ward-specific online channels with collaborative task lists that could be accessed by the whole

team. The survey was then repeated after 4 months of this system being implemented to see how it had changed the opinions of the doctors using it.

Results. Of 21 participants, 95.2% had used individualised jobs lists (IJLs) with 52.4% having negative experiences of these. Only 76.2% of participants had used centralised jobs lists (CJLs) and 42.9% had negative experiences with these. Overall, 61.9% of participants preferred CJLs.

Negative experiences with IJLs focused on lack of accountability, duplication of tasks and unsafe handover. The negative experiences of CJLs revolved around colleagues not correctly using the platform and the process being time-consuming compared with IJLs due to preference of layout and user interface.

The MS Teams CJL was then implemented into multiple wards within an inpatient psychiatry setting. After 4 months of use, the majority of participants (80.9%) were in favour of CJLs; this could be categorised into three main reasons: 1) reduced risk of overlooking or duplicating tasks, 2) safer handover within the team especially due to shift patterns and sickness, 3) accountability within the wider team for clinical tasks. Those who preferred IJLs stated that the newer system was "difficult to adapt to" and that they lacked senior input on how to incorporate it.

Conclusion. Amongst inpatient psychiatry doctors, the use of a CJL has shown to be preferable due to improvements in efficiency, safety and accountability. Although there are barriers to overcome, namely regarding the initial implementation of the system and lack of customisation to individual preferences, this can be explored in the future with the aim to further increase the appeal to doctors working within a ward team.

Prescribing in First Episode Psychosis

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Aims. This audit aimed to review prescribing in First Episode Psychosis (FEP) in Gloucestershire Health and Care NHS Trust, against NICE guidelines (CG 178) we hoped to develop prescribing guidelines for the Trust and to compare our results with Avon and Wiltshire Partnership (AWP) Trust's results of similar audit (AWP-235 Audit of Prescribing in FEP).

Methods. The sample was the Trust Early intervention (EI) caseload of patients with diagnosis FEP. We developed the audit tool based on AWP's audit methodology.

We gathered information about
- The role of initial prescribers.
- The prescribing of up to three antipsychotics.
- Choices of antipsychotic medication, whether the patient was given choice and information about the antipsychotic.
- Recorded reviews of side effects.
- Duration of treatment.
- Reasons for switching antipsychotic.
- Whether clozapine was offered to patients where indicated.
- Whether a recommended antipsychotic free period allowing for investigations and assessments was adhered to.
- Other medications prescribed alongside the antipsychotics.

Results. 77 patients were identified.
- Adherence to the NICE guideline criterion of initial prescriber being in secondary care was good.
- Olanzapine was the preferred first antipsychotic choice for 50% of patients, aripiprazole was the most common choice as 2nd and 3rd antipsychotic (around 30% patients).
- Recording of Information about antipsychotic treatment was lower than expected, about 30% of the sample at first choice, this increased to 50% for second choice and 40% at the third choice of antipsychotic.
- Around 90% of the sample had recorded review of medication and its side effects.
- 17% of the sample had duration of treatment less than 6 weeks at first antipsychotic, this dropped to 9% and 6% at second and third respectively.
- Reasons for switching were mostly due to side effects and lack of efficacy. Refusal to take the antipsychotic was a common reason for switching to the third antipsychotic.
- Only about 20% of patients who were eligible were offered clozapine.
- An antipsychotic free period up to 7 days was adhered to in almost 70%.

Conclusion. As a result of the audit findings we have developed Trust prescribing guidelines for adults presenting with FEP, which include recommendation for 7-day antipsychotic free assessment period, need to involve patients and family/carers when making decisions about choice of medication and recorded discussion about clozapine for eligible patients.

Narrowing the Gap in Differential Attainment for Psychiatry Core Trainees in East Midlands Through Mentorship Scheme

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Aims. The use of mentorship schemes may be a pragmatic approach to bridging the differential attainment gap for psychiatry trainees. There is robust evidence that mentorship improves outcomes for core trainees across several domains including exam pass rates, ARCP outcomes and clinical practice. A survey was developed to elicit core psychiatry trainees' perspective about the need for mentoring as well as their expectations. This was an initial survey done as part of a Quality Improvement project focused on mentoring scheme for psychiatry core trainees in the East Midlands region.

Methods. A 16-item self-rated questionnaire was designed to elicit information relating to respondents' demographics, professional qualifications, UK experience prior to commencement of training, perception of mentorship as an unmet need as well as expected focus of potential mentoring relationship. These were administered to psychiatry core trainees in the East Midlands region. The data was collected in February 2023.