

booklet first, then the video two weeks later. Group 2 received the video first, then the booklet after two weeks. Group 3 received both resources at the same time. After 4 weeks, patient feedback was collected by 4 medical students by telephone. Qualitative and quantitative data was obtained from 8 patients. Quantitative feedback was obtained using a 5-point Likert scale. In the second QIP cycle, 10 patients received both resources simultaneously, with improvements made to resource accessibility and readability. **Results.** The first QIP cycle highlighted that the videos were helpful in explaining FND, with 75% of patients rating the videos the same or higher than the booklet. Qualitative responses commented that videos were more personal and easier for family members to understand. Across both video and booklet resources, 67% of patients agreed or strongly agreed the resources were useful for explaining FND and their experience. One patient, in group 1, stated the resources improved their symptoms. 54% of patients agreed that they received the resources at the appropriate time; a common theme across all groups was the desire to access the resources earlier within the pathway. In the second QIP cycle (8 patients, 25% response rate), all agreed the resources improved FND understanding and self-management strategies.

Conclusion. Our study highlights that video resources are a valuable addition to FND psychoeducation, with benefits for patients, carers and family members. Both booklet and video resources were helpful in improving patient education on FND. Our findings emphasise the need for early integration of psychoeducation in the care pathway. Future developments could include collaborating with other specialties involved in the care of FND patients, such as neurology and emergency departments, to enable early integration of psychoeducation resources, empowering clinicians to effectively communicate about FND and enhancing patient psychoeducation.

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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.

Enhancing Medical Student Experience in Psychiatry Placement in Stockport: A Quality Improvement Project

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Aims. Fourth-year medical students from Manchester University undergo a four-week Psychiatry rotation in Stockport as part of their curriculum. Placed in both community and inpatient teams within General Adult and Older Adult Psychiatry services, this placement offers a unique opportunity for students to gain clinical and educational experience in Psychiatry, potentially shaping their perception of the field. This quality improvement project aimed to enhance the overall experience of medical students during their Psychiatry placement in Stockport.

Methods. A retrospective review of quantitative and qualitative feedback from the March to April 2023 cohort ($n = 4$) involved a 5-point Likert scale and comments covering 10 domains. The feedback focused on aspects such as induction, orientation, learning objectives, patient assessment, procedural skills, supervisor

feedback, access to resources, timetables, and the overall experience. An average total score was calculated.

Subsequently, strategies were implemented for the April to May 2023 cohort based on the feedback. Weekly check-ins, updated timetables, team introductions, additional teaching sessions, and opportunities for case presentations were among the interventions.

Quantitative and qualitative feedback from the April to May 2023 cohort ($n = 4$) were collected and compared with the previous cohort's feedback.

Results. The feedback scores demonstrated improvement, with the average total score increasing from 4.1/5 (82%) in March – April 2023 to 4.7/5 (94%) in April–May 2023. Students praised the helpful staff, opportunities to present cases, and the tailored and useful nature of the placement. Feedback on improvements included addressing vague timetables, unannounced cancellations of teaching sessions, and limited opportunities for case presentations.

Conclusion. This quality improvement project demonstrated that the targeted interventions helped enhance the educational experience of medical students during their psychiatry placement. The increased feedback scores underscore the positive impact of targeted interventions. The findings emphasize the importance of continuous quality improvement in medical education, ensuring a more positive and enriching experience for medical students in Psychiatry rotations.

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Improving Health Literacy for Individuals With Intellectual and Developmental Disability and Their Carers

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Aims. The aim of our project is to support health literacy in patients and carers under the Nottinghamshire Intellectual and Developmental Disabilities (IDD) service. To achieve this aim, we will produce a 20 page newsletter, containing updated and accessible research on mental health disorders that are common in the IDD population. We will also utilise a Trust webpage to publish the newsletter and produce a video/ podcast for the webpage, showcasing individuals with intellectual disabilities discussing and interacting with the articles.

Methods. Research into the relevant articles included a search on Google Scholar and PubMed, and a list was written up. Final research articles to be included in the newsletter were selected after consultation with the consultant peer group within the Intellectual and Developmental Disability team within Nottinghamshire Healthcare NHS Foundation Trust. Easy read forms of all the articles were drafted by researchers, which will be sent to relevant authors to verify that this is an accurate representation of their research. An accessible 20-page newsletter will be produced, and an IDD focus group will review the content of the newsletter, discuss the articles and relevant videos/ podcasts will be made of these interactions. A webpage on the trust website will be created to publish the newsletter and allow users to interact

with the articles electronically (using the standard electronic accessibility tools) and this will also contain the videos/podcasts produced. Feedback will be obtained electronically via a QR code and via traditional means e.g. an easy read reply slip.

Results. The key outcomes of our project are producing 10 easy read articles within our newsletter. These articles need to be useful and accessible to the IDD population, which will be verified by small focus groups consisting of patients with IDD, carers and staff to review literature before publication as well as the feedback after publication. Another key outcome is the use of coproduction to involve people with IDD in production of the newsletter and webpage, in order to recognise the value of their lived experience, improve the quality of the project and drive success.

Conclusion. Successful publication and feedback will pave a way for exploring a second edition the following year for printing via Trust communications. If successful, this project could be used as a template for an effective way to share research findings that contribute to the understanding of assessment and treatment pathways for people with an Intellectual and Developmental Disability.

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Weight Management Quality Improvement Project in Tower Hamlets Community Learning Disability Service

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Aims. The project's aim is to record up-to-date BMI readings of 70% or more of our service users by September 2024. We have identified barriers limiting current data collection, such as challenges weighing wheelchair bound clients or limited availability of weighing scales, and will action our change idea methods to reach our target in this time period.

Significant health inequalities have been identified in the learning disability population, with men and women in our cohort dying 23 years and 27 years younger respectively compared with the general population. Furthermore, people with learning disabilities are at increased risk of being overweight or obese compared with other cohorts, which itself leads to a range of health and social complications. A recent audit of our psychiatry caseload revealed the need to improve weight monitoring and subsequent management for our service users, to help reduce health inequalities identified.

Methods. We have weekly project meetings with our MDT including psychiatrists, dietetics, occupational therapists, nurses and psychologists. We have arranged stakeholder involvement by inviting service users to these weekly meetings to contribute their own ideas to the project, and have organised focus groups for service users, carers and staff. We intend to generate change ideas by using quality improvement methodology to identify primary and secondary drivers. One of these already incorporated into the project is a machine in our waiting room monitoring our clients' weight, height and blood pressure. Having identified obstacles in our service users obtaining their weight, we have successfully bid for funding for one of these machines.

Results. We will use Plan Do Study Act (PDSA) cycles to evaluate the effectiveness of our change ideas. Convenient sampling of our psychiatry caseload showed only 26.7% of 71 service users have an updated weight and BMI, and identified that we don't have a robust process for monitoring patients' weights (total project caseload is 1264).

Conclusion. During the development of this project, we identified a variety of approaches to improve health outcomes for our service users including educating staff on incorporating weight monitoring into consultations and how to manage the results. This project comprises one part of East London Foundation Trust's overall Triple Aim: to improve population health; improve the quality and improve value for the system. Going forward, our intention is to incorporate weight management into our routine reviews and ensure staff are educated in the importance of regular weight monitoring, the health benefits and how to refer.

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A Quality Improvement Project to Improve Staff Confidence in Managing Incidences of Patient Violence and Aggression on the Neurosciences Wards

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Aims. Incidents involving patient violence and aggression are a common occurrence on the neurosciences wards. Many staff do not know how to de-escalate or manage such incidents, leaving them vulnerable and unsupported. This project was designed to increase mean staff confidence by at least 2 points (on a scale of 1–10) regarding confidence and satisfaction in managing patient violence during a 6-week period.

Methods. Using Plan-Do-Study-Act (PDSA) quality improvement methodology, we carried out a preliminary survey on 2 neurosciences wards. Multidisciplinary staff were interviewed about their confidence (on a scale of 1–10) in managing violence. The survey and interview assessed which measures were already in place on the wards, such as Datix reporting and referral pathways. The first intervention focused on preventing patient violence with informative posters on referral pathways and verbal de-escalation techniques; these were distributed throughout the wards and staff were notified via email. Follow-up surveys were collected, enquiring whether staff had seen the posters and how their confidence levels have changed. The second intervention was implemented 2 weeks later and focused on post-incident support. We distributed leaflets on Critical Incident Staff Support and sent an email link to a verbal de-escalation playlist. Follow-up surveys were collected again to track changes in staff confidence and satisfaction. Weekly electronic clinical record searches were recorded to track the number of incidences of patient aggression during the same 6-week period.

Results. Staff confidence (N = 24) in verbally de-escalating violence and aggression increased by 1.1 and 1.75 points for Wards A and B, respectively. Of the 6 staff members who were followed up, only 1 experienced a 2-point increase from baseline in confidence in verbal de-escalation; 1 staff member experienced a 1-point increase, 3 experienced no change, and 1 reported a