learning styles. This pilot study demonstrated such interactive components of Psychiatry teaching continue to be well received and can be effectively delivered remotely. Such sessions also serve to promote inclusivity, linking those who are geographically distant in addition to the visual learner and the neurodiverse. We aim to incorporate these dynamic teaching sessions into our online induction programs and disseminate Intelligent Tutorials to our remote and rural learners throughout Scotland.

Pilot study of the use of handheld 6-lead ECG for patients on acute general adult mental health wards who refuse traditional 12-lead ECG

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Aims. To assess patient and clinician acceptability of handheld 6-lead ECG, for obtaining information about cardiac rhythm and electrical intervals, in acute general adult mental health ward inpatients who refuse traditional 12-lead ECG.

Background. In a previous audit of patients admitted to four acute general adult mental health wards, we found that 1 in 4 patients refused 12-lead ECG for at least two weeks, with 1 in 6 refusing throughout their entire stay. ECG refusers were significantly more likely to have a psychotic illness than non-refusers and were thus more likely to benefit from medications that carry a risk of prolonging the QT interval. Less invasive, handheld, 6-lead ECG, which includes measurement of lead II (the lead used to define traditional QT-interval cut-off values) is available on the NHS supply chain. Whilst not providing the full range of information that 12-lead ECG is able to provide, handheld 6-lead ECG might be an acceptable alternative in patients who would otherwise never have any form of ECG performed.

Method. We developed a Standard Operating Procedure for use of handheld 6-lead ECG and provided training for junior doctors on the four wards that were the subject of our original audit. These doctors were then able to offer the device to patients on their wards who refused 12-lead ECG. Doctors completed a short feedback form each time a handheld ECG was offered.

Result. So far, handheld 6-lead ECGs have been offered to 17 patients who refused 12-lead ECGs. Mean age (± SD) was 36.1 (± 12.6) years, and 4 of these patients were female. 13 patients (76%) accepted a handheld ECG. One of these attempts failed due to patient agitation. Attempts took a mean of 7 (± 5.4) minutes. 54% of recordings were described as "very easy" by clinicians, whereas 15%, 23% and 8% were described as "somewhat easy", "intermediate", and "somewhat difficult", respectively. Clinician difficulties focussed on patient movement with impact on electrode contact and trace quality. Where answered (N = 10), 90% of patients stated they would recommend a handheld ECG to others. Patients liked the speed of the process, that it felt "less scary", and that it was less invasive and did not involve removing clothing.

Conclusion. Our initial findings from this pilot suggest that handheld 6-lead ECG may be acceptable, both to clinicians and patients, as a means of obtaining information on cardiac rhythm and electrical intervals for patients who refuse 12-lead ECGs.

Screening for ADHD in male medium secure psychiatric services

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Aims. Roughly 25% of the prison population are known to meet the criteria for attention-deficit/hyperactivity disorder (ADHD), a five-fold increase on the general population. Medium secure psychiatric services receive a high percentage of referrals from the prison service. ADHD has primary symptoms of inattention, hyperactivity and impulsivity. Untreated ADHD could clearly have a detrimental impact on the effectiveness of therapeutic interventions, as well as increasing incidents of violence, aggression and other transgressive behaviours.

There are two aims: To screen the medium secure services population at the Spinney Hospital, Atherton, UK for ADHD, using a validated screening tool. This would generate candidates for further structured clinical assessment for ADHD; To implement ADHD screening as a feature of the Admission Care Plan within medium secure services at the Spinney.

Method. The study population is the medium secure service at The Spinney Hospital, Atherton. At the time of study this was 52 male service users.

The team members have evaluated several screening tools. The tool eventually chosen was the B-BAARS, which is a simple 6-question tool that is validated for use in adults. The tool takes around 1 minute to complete. All 52 service users were screened between 20/01/2021 and 30/01/2021.

Result. 1 of the 52 service users had a current diagnosis of ADHD and was being treated with medication. 3 of the 52 service users had childhood diagnoses of ADHD that had lapsed in adulthood and who were untreated. Of the remaining 51 service users without a current diagnosis of ADHD, 9 were positive on screening as worthy of further assessment (17.65%). Assessments of the 9 service users positive in screening will be completed by medical and psychology disciplines.

Conclusion. There appears to be clear merit for routine screening for ADHD within medium secure psychiatric services, given the service user population and the results described above. As a result of this survey, within The Spinney Hospital the B-BAARS will be incorporated into the Admission Care Plan of all new admissions to medium secure services as a Quality Improvement Intervention. Over time this will be re-audited and there will be assessment of any impact on incidents and positive engagement with activities.

Distinguishing vulnerable clients from psychotic patients with follow-up mortality data

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Aims. The aim of the present study is to determine whether vulnerable non-psychotic clients presenting in court proceedings do not share the same mortality profile as psychotic patients in similar environments. It is hypothesised that the two display quite separate mortality profiles.

Background. The increased mortality of psychiatric patients and prisoners has been documented but less is known of the outcomes among other vulnerable populations .