Results: Baseline data showed that a total of 57 patients were discharged; 3 were excluded as they were transferred elsewhere. Of the 54 discharge summaries, 30% were not sent within 7 days to the GP.

After the introduction of the discharge notification, 51% of patients had discharge summaries delayed beyond 7 days and of these around 50% were due to administrative issues, 5% had a discharge notification sent within 24 hours and 13% had a notification sent within 7 days of discharge.

After the second intervention, 30% of discharge summaries were delayed beyond 7 days due to doctors completing them late. However, 100% of these had discharge notifications sent within 24 hours.

Conclusion: This QIP emphasised the importance of communication with administrative and new medical staff. It highlighted the discharge notification's role as a safeguard when there is a delay in discharge summary completion. This simple intervention could be replicated across other inpatient units to ensure continuity of care in the community.

Enhancing Psychiatric Competence: A Simulation-Based Approach to Improving Medical Students' Knowledge and Confidence

Dr Iqra Saani

Pennine Care NHS Trust, Manchester, United Kingdom

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Aims: Psychiatry is often considered a challenging specialty by medical students, largely due to the stigma attached to it. It also demands a unique skill set and relies heavily on interpreting subjective experiences, which can be a daunting task. Many students report hesitancy when approaching psychiatric patients, which indicates a need to bridge the gap between theoretical and practical learning. We believe that simulation is an effective way to achieve this. The aim of this Quality Improvement Project (QIP) was to assess and enhance medical students' knowledge and understanding of common psychiatric conditions and instil confidence in them regarding psychiatric evaluation.

Methods: A hands-on simulation exercise was conducted on 04/07/24. Resident doctors, currently working in psychiatry, volunteered as simulators for the sessions. The scenarios included common psychiatric conditions such as depression, bipolar disorder, psychosis, anxiety disorder, schizophrenia, post-traumatic stress disorder, etc. There were a total of 8 stations, each comprising 15 minutes of history-taking, followed by 7 minutes for feedback and discussion with the simulator. Students also completed a questionnaire before and after the simulation, which assessed their understanding and confidence in handling psychiatric scenarios with a focus on history taking and risk assessment.

Results: The simulation was successfully conducted with all students participating actively. Pre- and post-simulation questionnaires revealed significant improvement in students' understanding and confidence in handling common psychiatric scenarios.

Before the simulation, 38% of students reported feeling confident in conducting psychiatric history-taking and risk assessments. Afterwards, this figure increased to 85%. Furthermore, the percentage of students reporting good understanding of common psychiatric conditions increased from 44% to 87% after the stimulation.

An open-ended question revealed further support for these findings, with students expressing that the simulation helped them feel more comfortable approaching psychiatric patients and conducting interviews. A particular point noted by many students was the opportunity to receive immediate feedback from the simulator, allowing a clear explanation tailored to each scenario and the student's performance/skills.

Conclusion: The Quality Improvement Project significantly improved medical students' understanding and confidence in assessing common psychiatric conditions. Students reported increased comfort with history-taking and risk assessments, and specifically commended the value of realistic scenarios and immediate feedback. Based on these results, we aim to continue this initiative for the next cohort of students and integrate it as a regular component of the psychiatric education programme at the Irwell Unit, Pennine Care NHS Trust.

Enhancing Medical Student Confidence in Psychiatric History Taking and Mental State Examination Through Peer Support Worker Sessions

Dr Sadra Ghazanfaripour[1,2], Dr Oluwaseyi Opatola[1], Dr Maddie Coode[3], Dr Gayathri Burrah[1,3] and Dr Donna Arya[1]

[1]St Andrew's Healthcare, Northampton, United Kingdom; [2]Buckingham University, Buckingham, United Kingdom and [3]Cambridge University, Cambridge, United Kingdom

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Aims: Medical students often lack confidence in psychiatric history-taking and mental state examinations (MSEs) due to limited prior exposure. Informal feedback from Cambridge University students on placement at St Andrew's Healthcare (STAH) highlighted the need for additional training in these areas.

This project aimed to improve students' self-reported confidence levels by at least 10% in four key domains: psychiatric history-taking, performing MSEs, building rapport, and managing difficult situations.

Methods: A structured two-hour training session was implemented, utilizing Peer Support Workers (PSWs) with lived experience of psychiatric illness to provide students with practical, real-world exposure.

History-Taking and MSE Practice (First Hour)

Students (n=8–10 per session) practiced on PSWs instead of actors.

Initially, one PSW facilitated 5-minute individual interactions, but student feedback indicated this was insufficient. A second PSW was introduced, increasing interaction time to 8–10 minutes per student in subsequent sessions.

PSWs provided real-time feedback on communication, rapport-building, and questioning techniques.

Diagnosis and Management Discussion (Second Hour)

A group discussion covered differential diagnoses and treatment planning, reinforcing clinical reasoning skills.